

# Liaison International Matching Gifts Program



Complete this portion for **direct giving** by check or credit card

## Section I: To be completed by the donor (Please print.)

**Donor Instructions:** Complete Section 1 of this form – one for each gift. *Please print or type.* Return this form to the Director, CEO Office.

### DONOR

Name

Home Address

City, State, Zip

Home Telephone #

Email

Work Address

City, State, Zip

Work Telephone #

### RECIPIENT ORGANIZATION

Official Name

Address

City, State, Zip

### YOUR GIFT

Gift purpose (if any)

Exact date of gift

Tax-deductible gift amount (min \$20)

Gift amount to be matched (min \$20, max \$100)

### Donor Verification (Signature Required)

This gift (and its stated value), which is made from my personal funds or property, fully qualifies as a charitable donation for personal income tax purposes, and is for the use of the above-named organization(s). I understand Liaison International's matching gift is for the unrestricted use of the organization and not for any specific purpose designated by me, including the cancellation of any personal obligation. I verify that, in return for this gift, I have not received or will not receive any payment, product, service or anything else of value whatsoever. By signing this form, I am certifying that the gift meets all of the requirements listed in the Guidelines.

Signature of Donor

Date

## Section II To be completed by the recipient organization (Please print.)

**Recipient Organization:** Verify receipt of gift. Complete Section 2 of this form. *Please print or type.* If this is your first matching gift request to Liaison International's Matching Gifts Program, please enclose a copy of your Internal Revenue Service 501(c)(3) IRS determination letter and a brief description of your organization's primary mission statement or purpose. Forward form to the address printed below.

Employer Identification Number (EIN)

Organization Name

Address

City, State, Zip

Telephone No.

Fax No.

E-mail

Website Addresses (if any)

Exact Date of Gift

Gift Amount: \$

Tax Deductible Gift Amount Received: \$

I certify that the above-indicated gift has been received, and it will be used to support the primary objectives of the organization, which is classified as a tax-exempt organization under section 501(c)(3) of the U.S. Internal Revenue Code, or is a governmental entity or agency, and: (a) this organization's mission and operations are broad and non-discriminatory or its activities address social needs or benefit underserved groups and communities; (b) this is an eligible organization; (c) the gift meets all of the requirements listed in the Guidelines; (d) Liaison International received no goods, services or other quid pro as defined in the relevant IRS rules and regulations. Proof of tax-exempt status is enclosed if this is the initial request to the Liaison International Matching Gifts Program.

Name

Title

Signature

Date

### Return this form to:

Liaison International  
311 Arsenal Street, Suite 15  
Watertown, MA 02472  
Attn: Corporate Affairs  
Tel: 617.926.0504