

MATCHING-GIFT APPLICATION-FORM

PART A: to be completed by Master Halco associate and mailed to recipient organization (please print or type). **If, the donation is done online & the receipt from the Charity provides both confirmations of the donation as well as their charity information, it is NOT necessary to have this form sent to the charity. In those cases, our associate would simply attach that receipt to this form.

Contributor's name			
_	LAST	FIRST	MIDDLE INITIAL
Home address			
Location or Departm	ent in which yo	u work	
Address			
Daytime telephone			
Name of recipient or	ganization		
Contribution		[of which only \$	is to be matched, if different]
If this contribution is	s on behalf of so	meone or in memory of som	eone, please list:
Form of gift (check of	one)	check/credit card	Date of payment
fully eligible under the	e guidelines that	this is entirely my personal con	n the Matching gift program, and that this contribution is atribution, and does not represent a payment directly or e ineligible organization as cited by the Master Halco Policy.
Signature of contribu	itor		
Part B: to be complete	ed by recipient o	rganization and then mailed t	o Master Halco.
Legal name of recipi	ent organizatior	·	
Street address			
City	State	Zip cod	e Telephone ()
Date of gift		Amount of gift	
			ther certify that this contribution does not represent a payment a otherwise ineligible organization as cited by the Master Halco
Signature of officer of	of institution		Date
Print name and title			
All organizations must subm unless submitted to the Matc last two years: Documentation of Exempt (IRS 501 (c)(3))	ching Gift Program wi		ganization return form to: Human Resources - Matching Gift Program Master Halco 1321 Greenway Drive Irving, TX 75038 Questions? 972-714-7315
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