

NJM Matching Program Application

Part A – To Be Completed by the Requester

Please complete Part A and mail this entire form **along with your personal donation** to the designated charity. Donations via credit card should be processed directly with the charity; however, this form should still be used to request a matching donation.

Enclosed is my personal gift of: \$ _____

Name of 501(c)(3)
Charity: _____

Your Name: _____ Emp. ID#: _____
(if applicable)

- West Trenton
- Parsippany
- Hammonton
- Board Member

I certify that I have not received any goods, services, gifts or other benefit in connection with this contribution or the proposed matching gift.

Signature: _____ Date: _____

Part B – To Be Completed by the Charity

To apply for a matching gift from NJM in an amount from \$25.00 to \$500.00, please complete Part B and mail to:

NJM Insurance Company
Attn: Matching Program
Human Resources
301 Sullivan Way
West Trenton, NJ 08628

I hereby verify receipt of the monetary gift as stated in Part A.

Name of Charity: _____

EIN or TIN: _____

Your Name: _____

Title: _____

Charity Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

This certifies the donor has not received any goods, services, gifts or other benefit in connection with this contribution or the proposed matching gift.

Signature: _____ Date: _____

*Please attach a completed W-9 form and a copy of your IRS 501(c)(3) status letter to this Application.