

# Matching Donation Program



## REQUEST FORM

### Part I - To Be Completed By Clearinghouse Employee

Complete Part I and forward to recipient organization.

For question please call 703-742-4200

Clearinghouse Employee's printed name

Address

City State Zip Code

Phone

Donation date

Name of Recipient Organization

City/State of Recipient Organization

I hereby confirm that I have been a full-time employee of the National Student Clearinghouse for at least six (6) months and that the above contribution is not for payment of tuition, payment for any services or benefits received or for any other prohibited purpose under the Matching Donation Program. I authorize the above institution to report this donation to the National Student Clearinghouse for the purpose of applying for a matching contribution under the Matching Donation Program.

Clearinghouse Employee's Signature

Date

Policy Effective 7/1/07  
Rev 9-2009

### Part II - To Be Completed By Recipient Organization

Complete Part II and send completed form with 501(c)(3) certification to:

**National Student Clearinghouse**  
**Attn: Accounting Department**  
**2300 Dulles Station Blvd. Suite 300**  
**Herndon, VA 20171**

Organization Federal Tax Identification Number

Organization Name

Organization Mailing Address

City State Zip Code

Email Address

Web Site Address

Phone Fax

Donation Amount Received

I hereby certify that the donation described above was received and that this organization is recognized by the Internal Revenue Service as tax-exempt and designated a public charity under Section 501(c)(3) of the IRS code, or as an instrumentality of a state or local government as provided by 170(c)(1) of the Code. I also certify that the donation was not for payment of tuition, payment for any services or benefits received.

Recipient Officer's Signature

Recipient Officer's Name

Recipient Officer's Title

Date