



GIFT MATCHING AUTHORIZATION FORM

SECTION I: NISSAN EMPLOYEE INSTRUCTIONS

- Complete 1 – 8 below. Please print.
- Be sure to include your signature and date.
- Forward forms to the beneficiary organization for completion of Section II.
- Ask the organization to forward the form along with attachments to:
Nissan Gift Matching Program
ATTN: Vicki Smith
P.O. Box 685001
Franklin, TN 37068
Mailstop A5J
- Questions? Please call Vicki Smith in NNA Corporate Social Responsibility at 615-725-0749.

1. Employee name: _____

2. Employee ID #: _____

3. Location:	NNA National	Nissan Region	Infiniti Region	NMAC – Dallas	NDA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Nissan address: _____

5. Phone number: _____

6. Email address: _____

7. Amount of employee gift (\$25 minimum)*: _____

8. Name of beneficiary organization: _____

** I have voluntarily contributed this sum to the above named organization as a charitable gift. I have not received, nor will I receive, any direct benefit from this contribution. I hereby authorize the beneficiary organization to report this gift to Nissan Corporate Communications for the purpose of applying for a matching gift.*

Employee signature

Date



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SECTION II: BENEFICIARY ORGANIZATION INSTRUCTIONS

- Complete 9 - 14 below. Please print.
- Be sure to include your signature and date.
- Return the entire Gift Matching form, along with a completed W-9, to the address below.

9. Organization's legal name: _____

10. Tax I.D. number: _____

11. Address: _____

12. Phone number with area code: _____

13. Contact name: _____

14. Contact title: _____

I confirm that a gift of \$ _____ was donated voluntarily by Nissan employee _____ (name) and that this individual will not receive a direct benefit as a result of this gift. I also attest this organization qualifies for Federal Income Tax exemption under U.S. Internal Revenue Code Section 501(c)(3) and have enclosed a copy of our IRS confirmation letter along with our tax ID number.

Contact signature

Date

Please forward completed forms to:

**Nissan Gift Matching Program
ATTN: Vicki Smith
P.O. Box 685001
Franklin, TN 37068
Fax: 615-725-0082**