



GIFT MATCHING AUTHORIZATION FORM

SECTION I: NISSAN EMPLOYEE INSTRUCTIONS

- Complete 1 – 8 below. Please print.
- Be sure to include signature and date.
- Forward forms to beneficiary organization for completion of Section II.
- Have the organization forward form along with attachments to:
Nissan Gift Matching Program
ATTN: Nicole Brinson
PO Box 685001
Franklin, TN 37068
- Questions? Please call Nicole Brinson in NNA Corporate Communications at 615-725-1451.

1. **Employee Name:** _____

2. **Employee ID #:** _____

3. **Location:** NNA – Nat'l Nissan Region Infiniti Region NMAC – Torrance NMAC – Dallas NDA

4. **Nissan Address:** _____

5. **Phone Number:** _____

6. **E-Mail 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 signature and date.
- Return entire Gift Matching form, along with a completed W9 , 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: Nicole Brinson
PO Box 685001
Franklin, TN 37068
Fax – 615-967-3812**