

# NoVo Foundation Matching Gift Request Form

## Employee Information:

Name:

Address:

## Employee Contribution:

\$0.00 made by \_\_\_\_\_ to \_\_\_\_\_.  
method of payment name of organization

- I have attached proof that I've made a contribution in the amount shown above. The donation record shows organization's **(1) legal name, (2) contact information, (3) mailing address, and (4) charitable status as well as the (5) amount of my contribution, and (6) method of payment.** I have highlighted this information on the donation record.
- The grantee organization is a U.S.-based public charity as described in sections 501(c)(3) and 509(a)(1) or (2) of the Internal Revenue Code.
- NoVo's matching gift will not satisfy any legally enforceable pledge or other business obligations of my family or myself.
- NoVo's matching gift will not allow me or any family member to receive any type of material gain (i.e. salary, compensation, honorarium, or other payment directly related to my contribution).
- My contribution and NoVo's matching gift are purely charitable, and neither my family nor myself received any gift as a result of these contribution.

Below I disclose any interest or relationship between the grantee organization and myself:

**Matching Gift Program Summary:** NoVo Foundation will match 1:1 individual regular employee charitable contributions to eligible institutions from a minimum of \$50 to an aggregate maximum of \$1,000 per calendar year. Proposed Matching Gifts will be reviewed by the Operations Manager and Grants Manager, who will review and process the matching gifts on a quarterly basis. The Operations Manager and the Grants Manager will have full authority to approve or deny each employee's request if there are any concerns regarding appropriateness, eligibility, conflict of interest or other reservations of any kind.

A list of the approved matching gifts will be presented to the Grants Committee for its review at the Grant Committee's periodic meetings. The notification letter sent by NoVo to the approved grantee organization may include a reference to the recommending employee, but must also include a provision that the grant is not in satisfaction of any currently outstanding or future pledge or obligation of the recommending employee or his or her family.

I certify that the gift I'm requesting NoVo to match is my personal contribution and that it meets all of the conditions of an Eligible Matching Gift as described in the NoVo Foundation Matching Gifts Program Guidelines.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by HR  
Approved  Denied   
Amount \$\_\_\_\_\_