

Employee Instructions

- Print or type to complete *Part A* only
- Mail this form, together with your contribution, to the eligible organization or institution

Named Organization or Institution Instructions

- Print or type to complete *Part B* only
- Return the completed, *original* form by mail, along with a copy of certification of tax-exempt status under Sections 501 (c) 3 of the U.S. Internal Revenue Code to: Ogden CAP Properties, 390 Park Ave., Suite 600 NYC, NY, 10022, Attn: Matching Charitable Gift Program

NOTE: The program year closes on Nov. 15. Employee Contributions need to be donated to the organization, and all Matching Charitable Gift forms need to be completed by the organization and returned to Ogden CAP Properties by November 15. Forms received after November 15 will be processed for the following Program Year.

Part A – To Be Completed by Employee (With minimum 12 months of service)

Employee Name:			
Work Location (Building/Floor)		Work Telephone Number:	
Name of Charitable Organization or Institution:			
Amount of Personal Contribution:	\$	Amount to be matched by Ogden CAP Properties as per program provisions:	\$
Description of Personal Contributions of Securities (if applicable):			
I hereby certify that the above donation is entirely my personal contribution, and is not in whole or in part the gift of another individual or the sum of the gifts of other individuals. I also hereby certify that all information is accurate, and contributions are not in lieu of tuition, fees, or other personal obligations, and that I have read and understand the guidelines of the Ogden CAP Properties Matching Charitable Gift Program. In addition my gift will not be used for religious or political purposes, or to fulfill a religious or political commitment. Failure to comply may result in the suspension of gift matching privileges.			
Employee Signature:		Date:	

Part B – To Be Completed by the Charitable Organization

Name of Organization:		Name of Organization Contact:	
Organization Address:			
City:	State:	ZIP Code:	Telephone Number: 501 (c) (3) Tax Number:
I hereby verify receipt of the above-stated contribution from the above individual, and certify that the donation represents a charitable contribution and the donor derives no material benefits (i.e. tuition, dues, credits, tickets, etc.) as a result of this gift. Failure to comply may result in suspension of gift matching privileges.			
Signature:	Printed Name:	Today's Date:	Date Contribution Received

Please return signed, original form by mail to:

Ogden CAP Properties, LLC
545 Madison Avenue - Suite 600
New York, NY, 10022
Attn: Matching Charitable Gift Program