

# THE ONEMAIN MATCHING GRANTS PROGRAM

## INSTRUCTIONS

### Donor:

- Complete Part 1 of this form – one for each gift. *Please print or type.*
- **Send the form with your contribution to the recipient organization.**

### Recipient Organization:

- Verify receipt of gift.
- Complete Part 2 of this form. *Please print or type.*
- If this is your first matching gift request to the OneMain Matching Grants Program, please enclose a copy of your Internal Revenue Service 501 (c)(3) IRS determination letter and a brief description of your organization's primary mission statement or purpose.
- Forward form to the address printed below.

## PART I - DONOR SECTION

Team Member Number

Team Member Name

Spouse's Name (If Applicable)

Donation Was Made By: (Check One)

Self

Spouse

Home Address

City/State/Zip

Office Telephone, Including Area Code

Work E-Mail Address

\$ \_\_\_\_\_  
**Amount of Gift**  
**(Min \$25)**

\$ \_\_\_\_\_  
**Amount to be Matched**  
**(Min \$25)**

*I hereby certify that I have read the guidelines set forth in Business Policy 7304, Section 3 (Matching Grants) and that this contribution is fully eligible under the guidelines.*

Donor Signature

Date

## PART II - RECIPIENT ORGANIZATION SECTION

Employer Identification Number (EIN)

Organization Name, as Listed on 501(c)(3) Determination Letter

Address

City/State Zip

Telephone, Including Area Code      Fax, Including Area Code

E-Mail

Website Addresses (If Any)

Date Gift Received

\$ \_\_\_\_\_  
**Amount of Gift**

\$ \_\_\_\_\_  
**Tax Deductible Gift Amount**

*I hereby certify that the gift specified in Part I has been received from the donor, and that this organization/ program is tax-exempt under Section 501 (c) (3) of the Internal Revenue Code, and that neither the donor nor Springleaf will derive any personal material benefit from this gift or match.*

Authorized Officer's Name (please print)

Title (Please Print)

Signature of Authorized Officer

Date

### MAIL COMPLETED FORM AND ANY REQUIRED ENCLOSURES TO:

Matching Grants Program  
OneMain Holdings, Inc.  
PO Box 59  
Evansville, IN 47701-0059

Phone: 812.468.5413

Email: michelle.dixon@springleaf.com

