

Section 1 (to be completed by Employee and mailed with contribution)

PNC Login ID _____ Contribution Amount \$ _____ Gift Date _____

Last Name _____ First Name _____ MI _____ Mailstop _____

Home Address _____
Street City State Zip

Work Email Address _____ Work Phone Number _____

Recipient Organization Name _____

Special Fund Name: _____

Address: _____

Check List

- Gift Contribution meets \$50 minimum requirement
- Section A is complete
- Recipient Organization meets Program Guidelines
- I am full-time active employee

I authorize AmeriGives to report this contribution to the PNC Foundation for purposes of qualifying for a matching gift and affirm that the gift listed is in accordance with the provisions of the Matching Gift Program.

Employee Signature _____ Date _____

Section 2 (to be completed by Recipient Organization)

Note to Organization: Please send a copy of your organization's IRS Determination Letter to: Matching Gift Center, PO Box 9002, Stuart, FL 34995.

Organization Name _____

Address _____
Street City State Zip

Date Gift Received _____ Gift Amount \$ _____ Tax Deductible Amount \$ _____

Contact Name: _____ Phone Number _____

Email address _____ Tax ID# _____

I hereby confirm that this institution has received the gift described in Section A of this application.

Authorized Officer (Please Print) _____ Signature _____ Date _____

****Call 1-800-443-8628 if you have questions. Please note that incomplete forms will not be processed.****

