



In celebration of Pacific Life's 150th Anniversary, the Foundation will match all employee donations at a rate of 150%.



**PACIFIC LIFE FOUNDATION**

## 2018 MATCHING GIFT PROGRAM CONTRIBUTION FORM

This form must be completed for **each** contribution (*\$50 minimum*) and signed by the donor (*employee*). In order to be processed during the calendar year, contributions must be received by the Pacific Life Foundation by December 3.

### Donor Information *(employee)*

**Company**  PL  ACG

Name \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Recipient Organization Information

Name of College, University, or Nonprofit Organization to receive the contribution:

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Contact Person *(if applicable and/or known)* \_\_\_\_\_

### Contribution Information

### Check One

My Contribution Amount is \$ \_\_\_\_\_

credit card information or check enclosed

receipt or payment confirmation enclosed

The purpose or restriction *(if any)* for which I am making this contribution is *(e.g., a specific department, fund, program, etc.)*

Contribution amount that I would like matched by the Pacific Life Foundation *(minimum of \$50)* \$ \_\_\_\_\_

*\*The Pacific Life Foundation will match employee donations up to \$2,000 to institutions of higher education plus up to \$500 to other eligible nonprofits, per eligible individual, per calendar year, for all methods of giving combined.*

In order to have your contribution matched, please attach your check *(made payable to your university/nonprofit)*, the organization's credit card contribution form, or your payment confirmation to this application and forward to Marryn Santucci, Public Affairs. Your contribution will be forwarded to the nonprofit agency/university/college, along with a letter and matching gift check from the Pacific Life Foundation. You do not need to include a stamped envelope.

### Donor Verification *(employee signature required)*

This gift *(and its stated value)* which is made from my personal funds or property, fully qualifies as a charitable contribution for personal income tax purposes, and is for the use of the above-named nonprofit organization. I verify that, in return for this contribution, I or any member of my family have not received or will not receive any payment, product, service, or anything else of value whatsoever. By signing this form, I am certifying that the contribution meets all of the requirements listed in the guidelines. I understand that the maximum amount that will be matched is \$2,000 to institutions of higher education plus up to \$500 to other eligible nonprofits, per individual, per calendar year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employees: Return completed form and payment or receipt to the Pacific Life Foundation  
700 Newport Center Drive (700-5), Newport Beach, CA 92660  
Attn: Marryn Santucci (949) 219-3787**