

# Matching Gift Application



**A. Prepared by Donor** *complete all of Section A, attach your gift and send to Organization*

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last Four Digits)

Home Address: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Organization Type:**  Educational  Culture/Arts  Health/Human Services

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Gift Detail:** Amount of Gift: \_\_\_\_\_ Amount to be Matched: \_\_\_\_\_

Check #: \_\_\_\_\_ Date on Check: \_\_\_\_\_ Number of Scurities: \_\_\_\_\_

Designation of Gift (if any): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Check One:** Employee  Board Director

**B. Prepared by Organization** *An authorized representative of the organization should complete Section B and mail form to Pactiv, attn: Matching Gift Program, PO Box 5040, 1900 West Field Court, Lake Forest, IL 60045*

Organization Exact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Name of Approver for Organization: \_\_\_\_\_

**Check only one:**

- We believe all criteria in the policy have been met. The donor is receiving no benefit from this gift other than federal income tax deductibility, and we certify we received a gift in the stated amount and type from the donor who originated the matching request.
- We believe all criteria in the policy have been met; however, the donor is receiving a benefit from this gift that is at \$ \_\_\_\_\_. We certify we received a gift in the stated amount and type from the donor who originated this matching request.
- There is a question on eligibility of either the gift or the organization (an explanation is attached).
- There is a discrepancy between the amount of the type of gift received and what is stated on this form (an explanation is attached).

Signature of Organization Approver: \_\_\_\_\_ Date: \_\_\_\_\_

**C. Prepared by Pactiv** *Section C is prepared by an authorized representative of Pactiv. If Gift is not eligible for match, a copy of the form with reason will be sent to the donor.*

Check all:	Check one in each row:	We are unable to match your gift for the following reason:
<input type="checkbox"/> Donor	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	_____
<input type="checkbox"/> Institution	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	_____
<input type="checkbox"/> Gift	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	_____

Name of Approver for Pactiv: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Approver: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor #: \_\_\_\_\_ Gift ID: \_\_\_\_\_ Check #: \_\_\_\_\_