**Employee Matching Gift Program**

This form is provided for individuals without Internet access. Using the online system at www.givingstation.com/pb speeds your transaction and reduces administrative costs.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYEE SECTION:** Please complete this form and either: (a) mail it to the nonprofit organization with your contribution; or (b) attach the offical receipt for your | | | | | | | | | | | |
| **A** donation, provide all the charity information found in the first part of Section B of this form, and mail to the address below. For your Pitney Bowes 8-digit employee ID, include any leading zeros. For example, if your employee ID is 123456, enter 00123456. | | | | | | | | | | | |
| PRINT LAST NAME | | PRINT FIRST NAME | | | | MIDDLE INITIAL | | | **6-DIGIT EMPLOYEE ID # (required)** | | |
|
| STREET ADDRESS | | | | CITY | | STATE | | | | | ZIP |
| E-MAIL ADDRESS | | | | WORK PHONE # | | | | | | | |
| BUSINESS UNIT | | | | MSC (Mail Stop) | | | | | | | |
| **Donation Information:** Please note that the Fund matches only gifts of currency or publicly traded securities. | | | | | | | | | | | |
| TAX-EXEMPT ORGANIZATION NAME | | | | | | | | GIFT AMOUNT $ | | | |
| GIFT RESTRICTION (if any) (e.g. , dept./ program) Restricted To: | | | | | | | | | | | |
| Group Gift (please attach names, business units and locations of other employee donors) | | | | | | | | | | | |
| **Match Request:**  Please note that the Pitney Bowes Employee Matching Gift Program has an annual cap of $5,000 per employee per calendar year. If you wish to give more to charities and have your donation matched by the Pitney Bowes Employee Involvement Fund, be sure to give through the annual Pitney Bowes Employee Involvement Campaign, which has an annual cap of $50,000 per employee per calendar year! | | | | | | | | | | | |
| MATCH MY DONATION  NO  YES | TOTAL REQUESTED MATCH AMOUNT  $ ($5,000 max) | | | | | | | | | | |
| **EMPLOYEE SIGNATURE (required)** X | | | | | | | | **DATE OF GIFT (mm/dd/yyyy)**  **/ /** | | | |
| **B NONPROFIT SECTION:**  This information section must be fully completed before this form is mailed to the Pitney Bowes Employee Matching Gift Program at the address below. | | | | | | | | | | | |
| **TAX-EXEMPT ORGANIZATION NAME (required)** | | | | | | | **FEDERAL TAX ID (9 DIGIT EIN #) (required) -** | | | | |
|
| STREET ADDRESS CITY | | | | | | | STATE | | | ZIP | |
| **E-MAIL ADDRESS (required)** | | | | | | | **PHONE NUMBER (required)** | | | | |
| WEB ADDRESS (If you do not have a website, attach a brochure describing your organization's programs and mission.) | | | | | | | | | | | |
| **Donation Verification:** For gifts of publicly traded securities or gifts exceeding $1000, you must provide satisfactory substantiation in order for this form to be processed:  copy of check or money order, credit/charge card receipt, evidence of securities transfer (which includes the published closing price of stock on date of transfer). | | | | | | | | | | | |
| MATCHING GIFT RESTRICTION (if any)  Restricted To: | | | GIFT AMOUNT (see note above)  $  TAX DEDUCTIBLE AMOUNT  $  GIFT DATE (mm/dd/yyyy)  **/**  **/** | | | | | | | | |
| **As the above organization’s treasurer or financial officer, I hereby certify that:**  We received the above-stated contribution from the above individual. This donation represents a charitable contribution and the donor derives no material benefit (e.g., dinner, raffle, and/or sporting event tickets, sponsorships, golf tournaments (incl. participation), parking privileges, dues credits, membership, tuition, etc.) as a result of this gift.  This organization complies with the eligibility guidelines of the Pitney Bowes Employee Matching Gift Program and adheres to accepted financial and recordkeeping practices and will furnish upon request an annual report, financial statements and lists of subcontractors and affiliates.  This organization takes reasonable steps to ensure that grant funds or resources are not ultimately distributed to terrorist organizations or used to support terrorist or violent activity.  I understand that abuse or failure to comply with any of the above may result in permanent termination of the organization's gift matching privileges and may lead to other disciplinary action. | | | | | | | | | | | |
| NAME | | | | | TITLE | | | | | | |
| **NONPROFIT SIGNATURE (required)** X | | | | | | | | **DATE (mm/dd/yyyy)** | | | |
| (Note: If you have never received a match from the Pitney Bowes Employee Involvement Fund, you will be contacted to complete a compliance form. Failure to complete this compliance form will result in declination of the match.) | | | | | | | | **/ /** | | | |
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**Send this form within 60 day of receipt of gift to:**

**PITNEY BOWES GIVING STATION**

**PO BOX 39990**

**WASHINGTON, D.C 20016**

**If you have any questions, call the Pitney Bowes GivingStation Support Desk at 1-866-440-8648.**