



## Matching Gifts Program Application

SECTION ONE - To be completed by the donor and forwarded to the recipient organization with gift			
Employee Name		Department	
Business Phone		E-mail Address	
Home Address			City
State	Zip	Date of Hire (MM/DD/YYYY)	
Recipient Organization Name		Program Designation	
Type of Gift <input type="checkbox"/> Check <input type="checkbox"/> Credit Card		Date of Gift	
Amount of Gift		Amount to be Matched	

**Donor Verification (Signature Required)**

I certify that I am making this personal gift under the conditions stated in the program guidelines, that this gift is entirely my personal contribution and is not, in whole or in part, the gift of any other individual(s). I also certify that all information presented is accurate and that neither I, nor my family, nor any related third party, will benefit in any way from this gift.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

SECTION TWO - To be completed by the recipient organization and forwarded to the address below			
EIN		Legal Name of Organization	
Address		City	State      Zip
Phone (   )		Fax (   )	
Contact Name		Website Address	
Contact Title		Contact E-mail Address	
Date Gift Received (MM/DD/YYYY)	Amount of Gift (USD)	Tax Deductible Gift Amount (USD)	

I certify that the above contribution was received and that no direct, tangible benefit will accrue to the donor, to any member of the donor's family, or to any related third party as a result of the donation. I also certify that I have read and understand the guidelines of this program, and that all information provided in this form is accurate, and that I am an authorized officer of the recipient organization.

\_\_\_\_\_  
Signature and Title of Authorized Officer

\_\_\_\_\_  
Date

**Please return completed application to:**  
Reader's Digest Foundation Matching Gifts Program  
P.O. Box 3527, Princeton, NJ 08543-3527

**For additional information:**  
Phone: 1 (888) 261-7384  
E-mail: readersdigest@easymatch.com