

# Matching Gifts Program



# Contribution Form

**Part I – DONOR'S GIFT TRANSMITTAL FORM** – To be completed by donor and forwarded with contribution to recipient organization.

NAME OF ORGANIZATION: \_\_\_\_\_

NUMBER AND STREET: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_ DATE OF GIFT: \_\_\_\_\_

Enclosed is my personal gift of: (a) \$ \_\_\_\_\_ ; or (b) \_\_\_\_\_ shares of \_\_\_\_\_ with a quoted market value determined as of the last sale or published bid price on or before the date of gift of \$ \_\_\_\_\_.

Quotation Source: \_\_\_\_\_ Date Quoted: \_\_\_\_\_

SIGNATURE OF DONOR \_\_\_\_\_

PRINT FULL NAME OF DONOR \_\_\_\_\_

EMPLOYEE IDENTIFICATION NUMBER \_\_\_\_\_

COMPANY, DIVISION OR AFFILIATE \_\_\_\_\_

STATUS: SALARIED EMPLOYEE WITH SIX MONTHS OF SERVICE (DATE OF HIRE: \_\_\_\_\_)

**PART II – CERTIFICATION FORM** – To be completed by designated officer of recipient organization for the purpose of qualifying for a contribution from The Rockefeller Group under its Matching Gifts Program.

I HEREBY CERTIFY that the gift described in Part I: (a) in the amount of \$ \_\_\_\_\_ ; or (b) \_\_\_\_\_ shares of \_\_\_\_\_ was received by: \_\_\_\_\_ Date: \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

which is an organization having tax-exempt status under Section 501 ( c ) ( 3 ) of the Internal Revenue Code. If your organization is not listed in the IRS Publication 78, please attach a copy of the Letter of Determination.

PLEASE CIRCLE TYPE OF ORGANIZATION      Health      Cultural      Civic      Educational

AUTHORIZED SIGNATURE \_\_\_\_\_

PRINT FULL NAME AND TITLE \_\_\_\_\_

TELEPHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO:

Matching Gifts Program Coordinator  
The Rockefeller Group  
1221 Avenue of the Americas  
New York, NY 10020-1095