

S.W. LOUDOUN FOUNDATION

Matching Gift Program Request Form

Donor Instructions:

- Complete Part 1 of this form - one for each gift. *Please print or type.*
- Send the form and a copy of the program guidelines with your contribution to the recipient organization.

Recipient Organization Instructions:

- Verify receipt of gift.
- Complete Part 2 of this form. *Please print or type.*
- If this is your first matching gift request to the **S.W. Loudoun Foundation Matching Gift Program**, please enclose a copy of your Internal Revenue Service 501(c)3 IRS determination letter and a brief description of your organization's primary mission statement or purpose.
- Forward form to the address printed below.

PART 1 - DONOR SECTION

DONOR NAME

HOME ADDRESS

CITY/STATE/ZIP

BUSINESS TELEPHONE, INCLUDING AREA CODE

E-MAIL ADDRESS

EXACT DATE OF GIFT

\$ _____ \$ _____

AMOUNT OF GIFT (MIN \$25) AMOUNT TO BE MATCHED (MIN \$25)

Type of gift: Please check one:

Check Credit Card

NAME OF ORGANIZATION

ORGANIZATION CITY, STATE

RESTRICTION OR PURPOSE (IF ANY)

I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution. I authorize the above-named recipient organization to report this gift to **S.W. Loudoun Foundation** for the purpose of applying for a matching gift. I certify that I (i) have not been and will not be reimbursed by anyone for this contribution, (ii) have read and understood the guidelines of the **S.W. Loudoun Foundation Matching Gift Program** and that my gift complies with the provisions of the Program and (iii) have given my gift voluntarily and that it does not represent a fee for a service or benefit. I acknowledge that any misrepresentation by me of the statements made herein will forfeit my rights to any matching contributions and, in addition, may result in disciplinary action and/or violation of law.

SIGNATURE OF EMPLOYEE DATE

PART 2 - RECIPIENT ORGANIZATION SECTION

EMPLOYER IDENTIFICATION NUMBER (EIN)

ORGANIZATION NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE, INCLUDING AREA CODE FAX, INCLUDING AREA CODE

E-MAIL WEBSITE ADDRESSES (IF ANY)

DATE GIFT RECEIVED

\$ _____ \$ _____

AMOUNT OF GIFT TAX DEDUCTIBLE GIFT AMOUNT

I hereby certify that this organization/program meets the eligibility requirements of the **S.W. Loudoun Foundation Matching Gifts Program**, and that neither the donor nor S.W. Loudoun Foundation will derive any personal material benefit from this gift or match.

AUTHORIZED OFFICER'S NAME (PLEASE PRINT)

TITLE (PLEASE PRINT)

SIGNATURE OF AUTHORIZED OFFICER DATE

MAIL COMPLETED FORM AND ANY REQUIRED ENCLOSURES TO:

S.W. Loudoun Foundation Matching Gift Program
105 Loudoun Street, SW, #1
Leesburg, VA 20175
Phone: 800-681-4438
E-mail: mfunk@hepdata.com
www.matchinggifts.com

S.W. Loudoun Foundation Matching Gift Program

The S.W. Loudoun Foundation Matching Gift Program will match employee contributions of at a minimum of \$25 per year per employee to a maximum of \$500.00 per employee per calendar year at a ratio of 3:1.

Employees may request that the match contributions can be associated with:

1. Education: Degree- Granting Colleges, universities, junior colleges, graduate schools, technical schools, seminaries, all accredited public and private: preschools, kindergartens, elementary schools, middle/junior high schools, secondary, high schools, independent college funds, educational services, and special education schools.
2. Health Services, Hospitals and Medical Research: All Health care services including non-profit organizations whose primary purpose is to provide health care services in the prevention or treatment of diseases/disorders, all healthcare organizations with the 501(c)(3) designation. Hospitals - non-profit voluntary hospitals accredited by the Joint Council on Accreditation of Hospitals. Medical Research - non-profit organizations whose primary purpose is to conduct medical research, single disease organizations, hospices, hospitals and organizations for the treatment of special children and organizations specializing in the treatment of mental illness.
3. Humanitarian Organizations: All organizations that provide relief to victims of disasters, help people prevent, prepare for, and respond to emergencies; organizations that provide support to their communities benefiting the needs of the people including soup kitchens, food banks, youth organizations, and orphanages. Organizations that support the treatment of animals such as humane societies, no-kill shelters and animal adoption agencies.
4. Arts and Culture: Non-profit arts/cultural organizations primarily focused on activities that are open to and operated for the benefit of the general public, including but not limited to performing arts, museums, libraries, public radio and TV.
5. Environmental/Conservation: Organizations that support and improve the environment and the conservation of the planet through programs such as but not limited to saving the rainforests and prevention of pollution in our waters and land.
6. Volunteer Program: Qualified Employee may volunteer for a non-profit organization in exchange for a cash match. Minimum hours are 20 hours per year. Evidence of participation in the form of a letter from the organization is accepted.

All U.S. requests must be for organizations that are recognized by the IRS as 501(c)(3) tax-exempt organizations. Requests in non U.S. countries must also be for non-profit organizations and be recognized by an IRS equivalent governing body.

There are no current limitations on organizations that we will match to. Gifts can be designated to a department of the school including athletic programs, scholarships and building funds.