

How do employees request a matching gift?

Step 1: The SVB employee must complete Section I of the Employee Matching Gift Request Form (see next page) and mail it, along with his/her gift or a receipt of your gift, directly to the non-profit organization.

Step 2: The nonprofit will complete Section II of the Employee Matching Gift Request Form verifying receipt of your individual donation and send the completed form back to SVB for processing.

Step 3: The recipient organization will need to include a copy of its mission statement, a signed W-9, and IRS Final Determination Letter of 501 (c)(3) nonprofit status.

If you need more information, please refer to the [Silicon Valley Bank's Charitable Matching Gift Program page.](#)

SVB APPROVAL:

Signature: _____

Date: _____

Coding: _____

Dept: _____

Bus: _____

Thank you for participating in SVB's Employee Matching Gift Program. Please complete this form and return it with the organization's Mission Statement, IRS Tax Determination letter & signed W-9 to: **Brendan Smith-Bentley, Silicon Valley Bank, 3003 Tasman Dr., Santa Clara, CA 95054 (or scan and email to bsmith@svb.com)**. Your request and accompanying materials will be reviewed to make sure it is consistent with SVB's Employee Matching Gift policies. Only verified monetary gifts paid (as opposed to merely pledged) by you will be eligible. If accepted, a matching gift will be made to the organization named below. If approved, the timing of such donation may vary based on our fiscal calendar timing of the review.

Section I (To be completed by the donor - please print or type):

Employee Information:

Your Name: _____

Your Address: _____

City, State, Zip Code: _____

Telephone (work): _____ E-Mail (work): _____

Donation Information:

Exact Date of Gift: _____ Gift Amount: _____

Recipient Organization: _____

Your Signature: _____ Date: _____

Section II (To be completed by the recipient organization):

Organization Information:

Name of Organization: _____ Tax ID Number: _____

Contact Name: _____

Address of Organization: _____

City, State, Zip Code: _____

Telephone: _____ E-Mail: _____

Donation Information:

Exact Date of Gift: _____ Gift Amount: _____

I hereby confirm that this institution has received the gift described in Section I and that this organization is tax-exempt under Section 501(c)(3) of the Internal Revenue Code:

Executive Signature _____ Date _____

SVB APPROVAL:

Signature: _____ Date: _____

Coding: _____ Dept: _____ Bus: _____