

# SPECIALIZED MATCHING FUND DONATION FORM

*To be completed by Specialized Employee  
and sent to the Organization with your donation*

EMPLOYEE NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

AMOUNT OF GIFT \_\_\_\_\_ DATE OF GIFT \_\_\_\_\_

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

BRIEF DESCRIPTION  
OF ORGANIZATION'S  
WORK

EMPLOYEE PRINT NAME \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*To be completed by the Organization and  
returned to Specialized for matching donation*

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

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FEDERAL TAX ID# (EIN #) \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_

AMOUNT OF GIFT RECEIVED

TAX-DEDUCTIBLE AMOUNT

I certify that the above gift has been received, that it will be used to support the primary objectives of this organization, and that it otherwise fully complies with the provisions of the program. I assert this gift will not be used to pay any fees in lieu of tuition or any personal obligation of the donor. I further assert that neither this organization nor its affiliates are in any way involved in any type of illegal activity.

ORGANIZATION CONTACT NAME \_\_\_\_\_

CONTACT TITLE \_\_\_\_\_

CONTACT EMAIL \_\_\_\_\_

Organization must return completed form within ninety (90) days from date of gift (listed above) via fax, email or USPS to:

Specialized Bicycle Components, Inc.  
ATTN: MATCHING FUND  
15130 Concord Circle  
Morgan Hill, CA 95037  
(408) 776-7051 FAX  
matchingfund@specialized.com

FOR ACCOUNTING USE ONLY: APV'D BY: \_\_\_\_\_ DATE: \_\_\_\_\_ GL: 100.6700.656700.0000.675005



Specialized Bicycle  
Components, Inc.  
15130 Concord Circle  
Morgan Hill, CA 95037  
408-779-6229  
www.specialized.com