

# THE SPRINGLEAF MATCHING GRANTS PROGRAM

## INSTRUCTIONS

### Donor:

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

### Recipient Organization:

- Verify receipt of gift.
- Complete Part 2 of this form. *Please print or type.*
- If this is your first matching gift request to the Springleaf Matching Grants 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 I - DONOR SECTION

DONOR EMPLOYEE NUMBER

DONOR NAME

SPOUSE'S NAME (IF APPLICABLE)

DONATION WAS MADE BY: (CIRCLE ONE)

SELF                      SPOUSE

HOME ADDRESS

CITY/STATE/ZIP

COMPANY NAME

OFFICE TELEPHONE, INCLUDING AREA CODE

WORK E-MAIL ADDRESS

EXACT DATE OF GIFT

\$                                      \$

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

NAME OF ORGANIZATION

ORGANIZATION CITY, STATE

RESTRICTION OR PURPOSE (IF ANY)

\*SPRINGLEAF'S DONATION WILL BE UNRESTRICTED

*I hereby certify that I have read the guidelines set forth in Business Policy 7304, Section 3 (Matching Grants) and that this contribution is fully eligible under the guidelines.*

DONOR SIGNATURE

DATE

## PART II - RECIPIENT ORGANIZATION SECTION

EMPLOYER IDENTIFICATION NUMBER (EIN)

ORGANIZATION NAME, AS LISTED ON 501(C)(3) DETERMINATION LETTER

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 the gift specified in Part 1 has been received from the donor, and that this organization/program is tax-exempt under Section 501(c)(3) of the Internal Revenue Code, and that neither the donor nor Springleaf 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:

Springleaf  
Matching Grants Program  
PO Box 59  
Evansville, IN 47701-0059

Phone: 812.468.5413  
Email: michelle.dixon@slfs.com

