

Matching Gifts Program

The purpose of the Matching Gift Program is to encourage Associates to support the community by giving gifts to a non-profit charitable organization with added help from The Children's Place.

Eligible Individuals:

- ❖ Full Time and Regular Part Time Associates
- ❖ Completed six months of service

Eligible Organizations:

- ❖ Charitable Organizations recognized as tax exempt non-profit organization as defined under Section 501 (c)(3) of the Internal Revenue Code
- ❖ Have Full Time paid and professional management

Eligible Gifts:

- ❖ Personal contributions actually paid, not merely pledged, to the eligible organization in support of its primary objective
- ❖ Minimum amount gifts eligible for match is \$25. If you do not wish to have your gift matched in full, please specify the amount you wish to have matched.
- ❖ Maximum amount of gifts per Associate that will be matched per calendar year is \$2,500.

How to Apply:

- ❖ Complete Part 1 of the *Financial Contributions Form*
- ❖ Send the form to the charitable organization

Note:

Incomplete form or forms that do not qualify will be returned to the donor.

Part 2 must be completed and signed by an authorized officer of the eligible organization.

The following **MUST** be returned with the *Financial Contributions Form* to receive approval/payment:

- ❖ A copy of the organization 501(c)(3) determination letter from the United States Treasury/Internal Revenue Service
- ❖ W9 Form

Please return form to: The Children's Place
 Attn: Benefits / Matching Gifts
 915 Secaucus Road
 Secaucus, NJ 07094-2409

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Note: The Children's Place must receive this form within six months of gift.

PART 1 - To be completed by ASSOCIATE (Print or Type)

Donors Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Name of Organization Gift Is Made To: _____

City: _____ State: _____ Zip Code: _____

Date of Gift: _____ Amt. of Gift: (\$25. minimum) \$ _____ Amt. To Be Matched: \$ _____

Form of Gift: (select one) Check Credit Card Money Order EFT Securities

If you selected Securities: #of shares _____ Title of Securities _____ \$ Value \$ _____

I certify that the above donation is entirely my personal contribution and is not the gift in part or in whole of another individual or group of individuals. I have read and understand the guidelines.

Donor's Signature: _____ Date: _____

PLEASE FORWARD FORM TO CHARITABLE ORGANIZATION FOR CERTIFICATION OF GIFT

PART 2 - To be completed by CHARITABLE ORGANIZATION (Print or Type)

The following MUST be attached for approval/payment:

- ❖ A copy of the organization 501 (c) (3) determination letter from the US Department of the Treasury/Internal Revenue Service.
- ❖ W9 Form

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Is this a new address? (select one) YES NO Telephone Number: _____

Employer Identification Number: _____

What is the purpose of your organization? _____

I certify that the above gift has been received and that the amount of gift be matched represents a charitable contribution from which the donor derived no material benefit (e.g. tuition, tickets, magazine subscriptions, etc.) as a result of this gift and that it will be used to support the objectives of this organization.

Signature of Authorized Officer: _____ Date: _____

Print or Type Name of Officer: _____

Please return form to: The Children's Place
Attn: Benefits / Matching Gifts
500 Plaza Drive, 4th Floor
Secaucus, NJ 07094