



Thomson West Matching Gifts Form

Please send completed form to:
Thomson West
Community Partnership Program
610 Opperman Drive, D4 N130
Eagan, MN 55123

Part A – To be completed by eligible employee. Please type or print in ink.

Name of Employee _____

Employee ID Number _____

Street Address _____

City _____ State _____ Zip _____

Thomson Legal & Regulatory is pleased to partner with employees to support organizations that fall within the company's three charitable focus areas: Educating the Future Work Force; Providing Arts and Cultural Experiences to the Community; and Developing and Strengthening Youth, Families and Communities. To be eligible for a matching gift, the primary focus of the organization must be one of the following (please choose only one):

Category of Organization Receiving Gift:

Education: Eligible institutions include elementary and secondary schools in the U.S. that are fully accredited by the Department of Education, technical and specialized schools, two and four colleges and degree granting graduate schools accredited by regional or professional accrediting associations.

Arts and Culture: Eligible organizations include public radio and television stations, museums, theaters, operas and orchestras, zoological societies, arboretums, libraries.

Families, Community and Youth: Eligible organizations include emergency relief agencies, emergency shelters, support groups, agencies for children and youth, youth mentoring programs, neighborhood associations, housing agencies, conservation/environmental organizations, humane societies, economic development organizations.

Organization Receiving Gift _____

Date of gift _____ Amount of gift: (minimum of \$25) \$ _____

Amount of gift employee would like matched \$ _____

I certify that the information submitted is correct and that my gift fully complies with the provisions of the program as described in the Community Partnership Program guidelines. My contribution reflects my personal giving, not monies collected from other sources and will be used for the direct benefit of the organization with no services, benefits or items of value (other than a tax deduction) accruing to me.

Employee Signature _____ Date: _____

NOTE: Employees must have worked at the company for at least 30 days to be eligible for the Matching Gifts Program. Retirees, spouses and dependents are not eligible.

Employee should send this entire form (keep Parts A and B together) to the Organization Receiving Gift. Organization should complete Part B and return the entire form (Parts A and B) to the address on this form.

Part B – To be completed by recipient organization. Please type or print in ink. Organization must be recognized by the U.S. Treasury Department as one to which contributions are deductible by the donor for federal income tax purposes.

- Please submit a copy of your organization’s mission statement.
- If a nonprofit organization, **a copy of the IRS 501 (C)(3) tax exempt letter is required – please attach copy.**
- If an educational institution, is institution accredited?

Yes Name of accrediting organization _____

No

Name of Organization _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **EIN#** _____

Name of Donor _____

Gift of \$ _____ **was received on** _____

Non-Discriminatory Statement

By signing this form, I certify that this organization does not discriminate against any person or group on the basis of age, political affiliation, race, national origin, disability, sexual orientation or religious belief.

Name of certifying representative (please print clearly) _____

Title _____

Signature _____ **Email Address** _____

I verify receipt of the above gift and certify no goods or services have been or will be provided in consideration of it. I also certify that the U.S. Treasury Department recognizes this institutions as one to which contributions are deductible by the donor for federal income tax purposes.

Please Note: Matching gift forms will be processed on a monthly basis. To have qualifying gifts matched, the company must receive the completed matching gifts form within 6 months of the original donation.

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