

EMPLOYEE GIVING APPLICATION

Step 1: Employee Section- to be completed by regular full-time or part-time employee

Step 2:

Employee Section to be complete		junt time of part time employee
Name:	_ Employee N	Number:Work location:
Amount of Contribution (\$50 minimum):		
Name of Organization:		
Address of Organization:		
Date of Gift:		
Please use my contribution for:		
I request that the organization I have chosen report this gift to Tiffany & Co. as an application for a matching contribution.		
I understand that a donation must be a minimum of \$50 to be matched. I also understand that my total annual limit for all matching donations by Tiffany & Co., regardless of the number of organizations I contribute to, is \$1,000.		
Employee Signature:		Date:
Send this form and donation to your non-profit organization for confirmation.		
Online Donations:		
If you choose to make an online gift, please print out your confirmation and forward it to the Employee Relations		
Department along with this Employee Giving Application (ensure the employee portion of the application is filled out).		
Instructions for Organization- to be completed by appropriate official		
1. Please provide the following information.		
Federal tax identification #		
I confirm that a contribution of \$ of which \$ is tax deductible has been received on		
In addition, I certify that this organization is tax exempt and designated to a public charity under Section 501(c)(3) of the IRS Code.		
Name of official:		Title:
Signature:		Date:
Address:		
City:	E (State: Zip:
Phone: ()		
E-mail/ Website Address:		
2. If this is the first time requesting a Matching Gift from Tiffany & Co., please include a copy of your IRS 501 (c) (3) tax-exemption notification.		
3. Fax the form and information to: 212-202-4093	OR	Mail the form and information to: Tiffany & Co. 200 Fifth Avenue, 14 Floor New York, NY, 10010
		New York, NY 10010 Attn: Employee Relations-Matching Gift Program