



“R”Us Matching Gifts Program Form

(BOTH Section A and Section B of this application must be completed and returned.)

Section A: To Be Completed By “R”Us Team Member

Recipient Organization: _____

Team Member First Name: _____

Team Member Last Name: _____

Team Member Date of Hire*: Month _____ Year _____

(*At least one year of service is required for donations to be matched)

Team Member Work Location or Store #: _____

Team Member Employee ID # _____

(This is the 7-digit number located under the “Special Information” section on the right-hand side of your pay-stub.)

Team Member Employment Status (circle appropriate categories):

Full-time AND Salaried/Management

Team Member’s Home Address: _____

Daytime Phone Number _____ E-mail _____

Gift Amount \$ _____ If this is a pooled gift, check here _____

Type of Donation (circle one): **Cash**, Check, Money Order, Cashier’s Check, Credit Card Charge, Stock or Securities

I affirm that the gift listed above is in accordance with the provisions of the Toys“R”Us, Inc. Matching Gifts Program and that, to the best of my knowledge, the recipient organization meets the eligibility criteria. I hereby authorize the institution named above to report this gift to Toys“R”Us, Inc. for purposes of qualifying for a matching donation.

Team Member Signature

Date



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Section B: To Be Completed By Recipient Organization

Name of Organization: _____

Address of Organization: _____

Contact Name: _____ Phone #: _____

Email: _____

Type of Donation (circle one):

Cash, Check, Money Order, Cashier’s Check, Credit Card Charge, Stock or Securities

Please check the description that best fits your organization:

- U.S.-based charity that keeps children safe and healthy, or helps them in times of need**
- U.S.-based charity that supports the research, treatment, prevention, and cure of a disease or disorder
- U.S.-based educational institutions

Organizations wishing to receive a matching gift **MUST** include one of the following forms of documentation. Please check which is enclosed:

- Copy of letter issued by Internal Revenue Service verifying Section 501(c) (3) tax-exempt status**
- Copy of letter issued by Internal Revenue Service verifying Section 509 (a) tax-exempt status
- Copy of documentation verifying accreditation for private schools or tax exempt status for public schools

I hereby verify that the donation described in Section A of this application has been received by this institution. No goods or services were provided to Toys“R”Us or any Team Member in return for this donation. In addition, matching funds received as a result of this donation will not be used as partial payment of past obligations, tuition, membership fees, or fees associates with organization-sponsored trips or events.

Signature of Officer: _____

Return application and supporting documentation to:

Corporate Philanthropy Department
Attn: Matching Gifts
Toys“R”Us, Inc.
One Geoffrey Way
Wayne, NJ 07470

If this gift and application were submitted in the same envelope with others from Toys“R”Us Team Members, please attach all applications and return them in one envelope.