# Venoco Inc.

# Matching Gifts Program Application


## For California

Venoco Community Partnership
6267 Carpinteria Ave, Suite 100 (805) 745-2282
Carpinteria, CA 93013 (805) 745-1816 Fax

## For Denver

Venoco Community Partnership
370 17th Street, Suite 3900 (303) 626-8311
Denver, CO 80202 (303) 626-8315 Fax


**PART A - To be completed by employee:**

Please type or print and answer all items; incomplete forms will be returned. Please attach pertinent organization information to form.

Employee Name _____

Department/Location_____Work Telephone Number _____

Home Street Address _____

City, State, Zip _____

Receiving Organization _____Amount of Gift _____

Date of Gift _____

I hereby certify that the information above is complete and accurate and that my gift fully complies with the provision of the programs described herein and will not be used to pay any fees or in lieu of tuition and does not in any way directly benefit myself, members of my family or any other person(s) designated by myself. I have not been nor will be reimbursed by anyone for this contribution.

Donor's Signature _____

**PART B - To be completed only by the receiving organization**

Important - This document must be received by Venoco, Inc. within 90 days from date of gift. Please type or print and answer all items**. Please attach a copy of the organization's IRS exemption letter. Forms submitted without an exemption letter will not be processed.** Deadline for submission of matching gift request is November 30.

Name of Organization _____Federal Tax I.D. Number:_____

Street Address:_____

City, State, Zip:_____

- Use only legal, tax exempt name as reflected on IRS form 501(c)(3)

Tax Deductible Portion of Gift:_____Date Received: _____

I hereby certify that this matching gift was made by the individual named and has been received by this organization within the limitations of the Program's guidelines, and further, that it was given without promise or provision of material benefit to the donor or person(s) designated by the donor, and will not be used to fulfill payment of a pledge, any fees, services or in lieu of tuition.

Print Name: _____ Title: _____

Telephone Number: _____ Date: _____

Authorized Signature: _____