



Matching Charitable Contributions Form

PART A	TO BE COMPLETED BY EMPLOYEE. ATTACH YOUR MONETARY DONATION AND SEND DIRECTLY TO THE ORGANIZATION.
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FORM OF GIFT: Check Money Order Cashiers Check Cash Credit Card

TO: _____
 (Name of organization or tax exempt entity designated to receive such gifts)

ADDRESS: _____
 (street) (city) (state) (zip)

I, _____ enclosed/donate a personal gift of \$ _____ U.S. Dollars. I request a matching gift of \$ _____

<p>I certify that my gift is a voluntary contribution, made from my own resources and not from gifts or loans of any other person or organization. My gift does not represent in any way tuition or payment in exchange for benefits received, nor is it given to me or to any person or organization named by me.</p> <p>Employee Signature: _____</p>	<p>Employee's Home Address:</p> <p>Street: _____</p> <p>City/State/Zip: _____</p>
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PART B TO BE COMPLETED BY AUTHORIZED ORGANIZATION REPRESENTATIVE. PLEASE PRINT. PLEASE RETURN TO "Accounting" AT ADDRESS LISTED AT THE BOTTOM OF FORM.

I hereby confirm receipt of a gift of \$ _____ of which \$ _____ is tax deductible. It was received on _____, 20____ from _____. I certify that (i) my organization is classified as a tax exempt entity by the U.S. Internal Revenue Service, (ii) the gift complies with prescribed limitations of Vocollect's program, a copy of which has been provided to me and , (iii) no direct tangible benefit will accrue to the donor, to any member of the donor's family or to any related third party as a result of this gift. The gift will be used to support the charitable objectives of this organization.

Authorized Representative (please print)	Date	Organization's F.I.C. E. No.
Title	Name of Institution	
Signature	Street	
Telephone Number	City/State/Zip	
Federal Tax Identification Number	Organization Accredited By	

PART C TO BE COMPLETED BY VOCOLLECT (Accounting)

Check Payable To: Organization Indicated Above **Copy of Form:** Organization and Employee **D.O.H. Verification:**

Signature: _____ Date: _____ Check Number: _____

Vocollect has reviewed your contribution and has determined that we are unable to match the above gift for the following reason:

<input type="checkbox"/> Beyond Maximum Per Calendar Year	<input type="checkbox"/> Beyond 1 -year Gift Eligibility Date	<input type="checkbox"/> Ineligible Organization
<input type="checkbox"/> Insufficient Proof of Contribution	<input type="checkbox"/> Ineligible Employee	<input type="checkbox"/> Incomplete Form

All questions relating to the Vocollect Charitable Contributions Program shall be determined by Vocollect and its decisions are final. Any contribution made by Vocollect under its Charitable Contributions Program should be not construed as an endorsement of the recipient organization, its mission, goals, or personnel.

Vocollect, Inc, 708 Rodi Road, Pittsburgh, PA 15235, Attention: Accounting Department