



## Charitable Matching Gift Application

**Instructions:** Please complete section A of the Charitable Matching Gift Application. Once completed, please forward the Application to Human Resources for review and approval.

### Section A: Required Information

WestLB Employee Name:

Business Unit:

Charitable Organization Name:

Primary Address of Charity:

Please confirm that this organization has federal tax-exempt status under section 501(C)(3) by going to <http://www.guidestar.org> and printing out the report on this organization and the first page of their form 990. If this organization is not listed in Guidestar, please obtain a letter from the IRS confirming their tax-exempt status under 501(C)(3) from the respective organization:

Please explain the service provided by this charity (if gift is to a religious organization, detail secular community service program designation)

Is this organization registered with the State Attorney General's office in the State in which this charity resides? If yes, please attach a copy of the certification of registration or registration number:

Please attach documentation (i.e. cancelled check) substantiating that you have made a charitable contribution to this organization including the amount donated and date of submission.

I certify that to the best of my knowledge that the statements made above are accurate and true:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date