

MATCHING GIFT PROGRAM FORM

THE WILLIAMS-SONOMA, INC. FOUNDATION



WILLIAMS-SONOMA, INC.

Section A: To be completed by full-time, benefit eligible associate

Complete Section A of the form, and send directly to the recipient nonprofit organization.

Associate Name: _____

Associate #: _____ Daytime Telephone #: _____

Email Address (work): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Full Name of Recipient Organization (and branch/affiliate): _____

Contact at Recipient Organization: _____

Date of Gift/Donation: _____ Amount of Gift/Donation (minimum \$50): _____

I hereby certify that I have read William-Sonoma, Inc.'s *Matching Gifts Program* eligibility criteria, and that this contribution is fully eligible.

Associate Signature _____ Date _____

Section B: To be completed by recipient nonprofit organization

Complete Section B and email (1) the completed form and (2) your organization's determination letter in PDF format to WSIMatchingGifts@wsgc.com. Alternatively, forms can be faxed to 415-439-8503.

Note: The matching gift check will be sent to the address below.

Organization Name: _____

Contact at Recipient Organization: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Federal Tax ID/501(c)(3): _____

Telephone #: _____ Fax #: _____

Email Address: _____

Amount of Gift/Donation: _____ Date Received: _____

I hereby certify that:

- 1) We have received the gift described in section A.
- 2) This organization is a tax-exempt nonprofit as described in section 501(c)(3) of the Internal Revenue Code, or is a state or local government agency that exists exclusively for public purposes 170(c)(1).
- 3) This organization does not discriminate on the basis of race, color, national origin, creed, age, gender, disability or sexual orientation.

Signature of Representative of Nonprofit _____ Date _____