



SECTION A: EMPLOYEE
(Please type or print.)

Mail the completed form with your contribution to the receiving organization (incomplete information may result in a delay in matching).

ORGANIZATION NAME: *Enter Organization Name:*
Secular Community Service Program Designation (if applicable):

MAILING ADDRESS: *Enter Mailing Address*

ORGANIZATION WEBSITE (if available): *Enter Organization Website*

TYPE OF ORGANIZATION: *Select Organization Type*

If *Other* selected please describe: _____

DONATION AMOUNT \$ (Minimum \$25.00) **PAYMENT FORM:** (*Select Payment:*)

Enter Your Name & Email Address
Allegient Donor name & Contact Email Address

Allegient Donor Signature: _____

Please note that it is the policy of Allegient to allow for a maximum of \$250 total in company matching funds per employee, per calendar year. The minimum donation required by an employee for a company match is \$25.

SECTION B: INSTITUTION OR ORGANIZATION
(Please type or print.)

Allegient LLC must receive the matching gift form from your organization by December 31 of the current calendar year in order for the gift to be applied to the employee's matching limit.

Please enclose a *copy of your Department of Treasury 501(c)(3) tax-exempt document* along with this *completed form* and any *receipt or documentation* of donations to:

Allegient Company Match Program
201 W 103rd ST
STE 520
Indianapolis IN 46290

If you have any questions please contact:
Margaret Mitchell, Director of Human Resources
mmitchell@allegient.com / 317 564 5760

Eligible charitable organizations are those with Department of Treasury 501(c)(3) public charity status. Allegient LLC does not match gifts to religious organizations unless the gifts are designated to an ongoing secular community services program sponsored by these organizations or when the benefits of the gifts are limited exclusively to their members.

I certify that the gift in the amount of \$ _____ and form indicated was received on _____, and that this organization is an eligible recipient as specified on this form.

Please type or print information below:

NAME OF OFFICER: _____

ORGANIZATION NAME: _____

TITLE OF OFFICER: _____

ORGANIZATION EMPLOYER I.D. NUMBER: _____