



## The Barilla Matching Gift Form

1. Fill out Part A completely. Check that form is completed and signed. Incomplete or illegible forms delay processing and will be returned. Send this form and your donation to the institution of your choice.
2. An appropriate financial officer of the institution should review Part A and complete Part B. The entire form along with any necessary materials should then be mailed to Barilla America, Inc. at the address shown in Part B below.
3. All processing is done on a quarterly basis. After verifying eligibility, the form will be processed and a check will be sent directly to the organization at the end of the payment cycle. A statement will be sent to the donor after the checks have been mailed.

### **PART A: TO BE COMPLETED BY DONOR**

Employee Name: \_\_\_\_\_ Organization Receiving Gift: \_\_\_\_\_

Home Address: \_\_\_\_\_ Organization Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Gift: \_\_\_\_\_

I certify that the information submitted is correct and that this contribution qualifies as a tax-deductible gift, is not a pledge, or tuition payment. Neither I, nor any member of my family, derive any direct or indirect financial benefit from this contribution. It does not represent payment for service.

Amount of Gift: \_\_\_\_\_

(check one)  Cash  Check  Credit Card

Visa  MasterCard  AMX Signature of Donor:  \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

### **PART B: TO BE COMPLETED BY RECIPIENT INSTITUTION**

1. Verify donor section.
2. If you have never received a Barilla gift match before, please submit a copy of your IRS 501©(3) letter along with this form.
3. Mail to:

Barilla America, Inc.  
885 Sunset Ridge Rd  
Northbrook, IL 60062  
Attn: Benefits Department

I certify that the amount of \$\_\_\_\_\_ was received on \_\_\_\_\_(date) and that this institution is an eligible recipient, and this gift is not a pledge, group gift, or tuition payment.

\_\_\_\_\_  
Signature of Organization Representative Date Print or Type Name of Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Barilla reserves the right to discontinue or amend this program at any time, and also reserves the right not to match any particular gift or gifts to any particular organization.