

The Birkman International Matching Gifts Program

Complete this form for direct giving by check or credit cards



Section I: To be completed by the donor (Please Print)

Donor Instructions: Complete Section I of this form - one for each gift. Please print or type. Send the form and a copy of the program guidelines with your contribution to the recipient organization

Donor	Recipient Organization
Name _____	Official Name _____
Employee ID _____	Address _____
Check One: <input type="checkbox"/> Employee <input type="checkbox"/> Board of Director	City, State, Zip _____
Home Address _____	Your Gift Amount _____
City, State, Zip _____	Gift Purpose (if any) _____
Telephone No. _____	Exact Date of Gift _____
Email _____	Tax Deductible Gift Amount (minimum \$25) _____
Work Address _____	Gift Amount to be Matched* (minimum \$25) _____
City, State, Zip _____	<i>* Birkman International, Inc. will match up to \$5,000 per eligible individual, per calendar year, for all methods of giving combined</i>

Donor Verification (Signature Required)

This gift (and its stated value), which is made from my personal funds, fully qualifies as a charitable donation for personal income tax purposes, and is for the use of the above-named organization(s). I understand that Birkman International's matching gifts is for the unrestricted use of the organization and not for any specific purpose designated by me, including the cancellation of any personal obligation. I verify that, in return for this gift, neither I nor a member of my family have received, will receive any payment, product, service, or anything else of value whatsoever. By signing this form, I certify that the gift meets all of the requirements listed in the Guidelines. I understand that the maximum amount that will be matched is \$5,000 per individual, per calendar year, for all methods of giving combined.

Signature of Donor _____ Date _____

Section II: To be completed by the Recipient Organization (Please Print)

Recipient Organization: Verify receipt of gift. Complete Section 2 of this form. Please print or type. If this is your first matching gift request to the Birkman International Matching Gifts Program, please enclose a copy of your Internal Revenue Service 501(c)(3) IRS determination letter and a brief description of your organization's primary mission statement or purpose. Forward form to the address printed below.

Employer Identification Number (EIN) _____	Fax No. _____
Organization Name _____	E-mail _____
Address _____	Website Addresses (if any) _____
_____	Exact Date of Gift _____
City, State, Zip _____	Gift Amount \$ _____
Telephone No. _____	Tax Deductible Gift Amount Received: \$ _____

I certify that the above-indicated gift has been received, and it will be used to support the primary objectives of the organization, which is classified as a tax-exempt organization under section 501 (c)(3) of the U.S. Internal Revenue Code, or is a governmental entity or agency, and: (a) this organization's mission and operations are broad and non-discriminatory or its activities address social needs or benefit underserved groups and communities; (b) this is an eligible organization; (c) the gift meets all of the requirements listed in the Guidelines; (d) Birkman International, Inc. received no goods, services, or other quid pro as defined in the relevant IRS rules and regulations. Proof of tax-exempt status is enclosed if this is the initial request to The Birkman International Matching Gifts Program.

Name _____

Title _____

Signature _____

Date _____

Return this form to:

The Birkman International Matching Gifts Program
3040 Post Oak Boulevard, Suite 1425
Houston, TX 77056
Phone (713) 331-5601