## **CSG INTERNATIONAL**

## **Employee Gift Matching Program Processing Form**



- Complete Part A only.
- Mail all copies of this form to the eligible organization.
- The organization will fill out Part B and return the application with a <u>W-9 form</u> to the Employee Gift Matching Program Coordinator.
- You will receive a copy when the check has been sent. PLEASE PRINT OR TYPE.
- Employees must be NAR (North America Region) US based in order to be eligible.

A. To be completed by Employee		
Employee Name	Date of Hire	
Office/Department	Stop Code	Phone Number
Contribution for:	☐ Other Non-Profit	
Institution (check made payable to)		Amount of Contribution
	oution, and is not in whole or part the gift of another individual or the subther fees and that I have read and understand the guidelines of the CSC	
Employee Signature	Date	
B. To be completed by Organization		
Institution [501(c)(3)] (Check payable to)		
Address	City S	State Zip Code
Phone Number	Fax Number	
I hereby verify receipt of the above stated contribution from the above contribution and the donor derives no material benefit (i.e. tuition, due		Please fill out Part B and mail this form and a <u>W-9</u> to:
Name	Title	CSG International
Signature	Date	Employee Gift Matching Program Coordinator 9555 Maroon Circle Englewood, CO 80112
C. To be completed by Employee Gift Matching Progr	ram Coordinator	
We are pleased to transmit a check in the amount of \$	in accordance with CSG International Employee Gift Matching Progra	m guidelines.
Signature	Date	