

Matching Gift Form: **THE BUCYRUS FOUNDATION**

Part A – TO BE COMPLETED BY DONOR

The Bucyrus Foundation will match your contributions of up to \$2000 per recipient on a 1:1 basis with a limit of \$10,000 per calendar year per employee.

Name _____

Home Address _____

City/State/Zip Code _____

Company Name/Division _____ Index # (if known) _____

Work Location (city) _____ Daytime Phone _____

Exact Date of Gift ____/____/____ Donation Amount \$ _____

Gift made by: Check Credit Card

Organization Receiving Gift: _____

Address: _____

I certify that this gift meets with all the specifications as described in the Bucyrus Foundation Guidelines as it relates to the matching gifts program. I am an eligible former Bucyrus employee, retiree, or otherwise a member of the Bucyrus Oldtimers Association UA.

Signature of donor _____ Date ____/____/____

Part B TO BE COMPLETED BY RECIPIENT INSTITUTION

1. Verify donor section. Fill out Part B Completely.

2. Mail this form along with a photocopy of the check or proof of credit card donation to:
BUCYRUS FOUNDATION PROGRAM – PO Box 84, South Milwaukee, WI 53172-0084

I certify that this institution is recognized as a tax-exempt public charity (not a private foundation) by the IRS under Section 501 (c) (3). First time applicants must provide a copy of your Section 501 (c) (3) letter. Failure to include this letter may prevent matching gift processing.

Donor _____ Amount \$ _____ Date Received ____/____/____

Organization _____ Tax ID/EIN _____

Address _____ Phone _____

City/State/ZIP _____

Website _____

Signature of Officer (not a stamp) _____

Print or type Full Name and Title of Officer _____