

**Community First Credit Union  
Employee Gift Matching Program**

**PART 1 - EMPLOYEE INFORMATION**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Dept/Branch Location: \_\_\_\_\_  Board Member

Email Address: \_\_\_\_\_

Recipient Organization: \_\_\_\_\_

Your Contribution Amount: \$ \_\_\_\_\_ Community First Match Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*See instructions for how part 2 is completed*

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**PART 2 - (COMPLETED BY RECIPIENT ORGANIZATION IF PAYING BY MAIL OR  
BY THE EMPLOYEE IF PAYING ONLINE)**

Name of Recipient Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of Primary Contact: \_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_

Primary Contact Email Address: \_\_\_\_\_

Your signature below confirms that you received the contribution amount listed about, that nothing of value was given in return for this contribution, and matching funds from community First will not be used to discharge any obligation of the donor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed form to: [emily.thor@communityfirstcu.org](mailto:emily.thor@communityfirstcu.org) or  
Community First Credit Union, Attn: Community Relations,  
PO Box 1487 Appleton, WI 54912-1487