

# Foundation For The Carolinas

## Employee Matching Gift Program

### PART A: INSTRUCTIONS TO THE PARTICIPANT

Complete Part A and send the form with your contribution to the nonprofit organization.

▼ Name of Recipient Organization	▼ Date of Gift	Gift: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Stock <input type="checkbox"/> FTTC Donor Advised Fund
_____	_____	Cash Gift Amount: \$ _____
▼ Purpose of Gift		Issuer of Stock: _____
_____		# of Shares: _____
▼ Mailing Address of Above Organization (Street Number, City/State/Zip Code)		
_____		
▼ Participant's Name (Please Print or Type)	▼ Date of Employment	
_____	_____	
▼ Participant's Home Address		
_____		
▼ Signature (I am eligible to participate in this program and the gift does not represent payment for any goods, services, tuition or benefit to me.)		▼ Home Telephone Number
_____		_____

*NOTE: The participant's signature on this form authorizes the recipient nonprofit organization to report this gift to Foundation For The Carolinas to apply for an additional contribution under its Matching Gifts Program (minimum gift \$25; maximum, \$5,000 to one institution).*

### PART B: ACKNOWLEDGMENT FROM THE NONPROFIT ORGANIZATION

All lines must be completed and a photocopy of the check or equivalent certification must be attached.

I hereby certify receipt of the gift indicated above in the amount of cash \$ \_\_\_\_\_ / or # of shares \_\_\_\_\_ of \_\_\_\_\_ issuer of stock. I further certify that this gift qualifies as a charitable contribution as defined in Section 170(c) of the Internal Revenue Code, that this organization is not a private foundation as defined in Section 509(a) of the Internal Revenue Code, and that no goods, services or other benefits were given in exchange for this gift.

▼ Name of Organization	▼ Signature of Recipient Authorized Officer	
_____	_____	
▼ Street Address	▼ Name (Please Print or Type)	
_____	_____	
▼ City/State/Zip Code	▼ Title	
_____	_____	
▼ Telephone Number Including Area Code	▼ Tax I.D. Number	▼ Date
_____	_____	_____

*INSTRUCTIONS TO NONPROFIT ORGANIZATION: For gifts made in a calendar year, matching gift forms must be received from the recipient organization no later than March 1 of the following year. Please complete the acknowledgement above, include a photocopy of the check or equivalent certification, and send this form to: Foundation For The Carolinas*

220 North Tryon Street  
Charlotte, NC 28202  
Attention: Matching Gifts Program



Inspiring  
**philanthropy**  
Investing in  
**community**



**FOUNDATION FOR  
THE CAROLINAS**

**EMPLOYEE MATCHING  
GIFT PROGRAM**

Effective June 2014



## EMPLOYEE MATCHING GIFT PROGRAM

Supporting our mission to inspire philanthropy and invest in community, employees of Foundation For The Carolinas are encouraged to make charitable gifts to causes they care about.

Through the Employee Matching Gift Program, the generous donations employees make to qualified nonprofit organizations will be enhanced with matching contributions from the Foundation.

### Program

Foundation For The Carolinas will match, dollar for dollar, contributions by eligible employees to qualifying organizations within specified limits. Gifts may be given to more than one organization, with the yearly gift total not to exceed \$5,000 per year.

### Process

Employees must complete Part A of the form located on the reverse. Completed forms are mailed with the gift to the recipient organization. (It is advised that employees retain a copy of the form for their records). The recipient organization will complete Part B of the form and return it to Foundation For The Carolinas. For gifts made in a calendar year, matching gift forms must be received from the recipient organization no later than March 1 of the following year. The Foundation will make a matching gift after determining all criteria have been met.

### Eligible Participants

Active full-time and permanent part-time employees of Foundation For The Carolinas who have worked for the Foundation 90 days or longer are eligible to participate in the Employee Matching Gift Program.

### Ineligible Participants

- Employees on leave of absence
- Contract employees
- Retired employees
- Spouses or children of employees

### Match Guidelines

Gifts are matched, dollar for dollar, within the following limits:

- The minimum gift is \$25, or multiple gifts totaling a minimum of \$25 to any one organization
- The maximum gift is \$5,000
- Gifts must be paid by check, cash, credit card or publicly traded securities

- Employees cannot receive any goods, services or benefits as a result of the gift
- Pledges will not be matched until the gift is paid in full

### Eligible Organizations

Eligible institutions must be defined by the IRS as a 501(c)3 public charity and/or meet Foundation For The Carolinas' standards for inclusion in the Foundation's Approved List of Organizations.

### Ineligible Matches

- Associate campaigns such as those led by the United Way and the Arts & Science Council
- Tithing or similar annual commitments to religious organizations; however, gifts to religious organizations to support specific broader community-based programs or capital campaigns are generally eligible to be matched
- Civic, social and professional organizations
- Political organizations or campaigns
- Gifts to organizations where an individual benefits

### Ineligible Gifts

- Bequests
- Real estate
- Personal property
- Membership dues, subscriptions or fees
- Gifts made by a spouse independently of the Foundation employee

*Any inappropriate use of the Matching Gifts Program by an employee may result in loss of the privilege to participate.*

*The Foundation reserves the right to interpret, change or discontinue this program at any time.*