



Employee Matching Gift Program Request Form

(Click here for policy on the Matching Gift Program)

Instructions:

Employee Donor:

- * Complete Section A of this form - one for each gift. Print or type.
- * Send the form and a copy of the program guidelines with your contribution to the recipient organization.

Recipient Organization:

- * Verify receipt of gift.
- * Complete Section B of this form. Print or Type.
- * If this is your first matching gift request to the Hallmark Media Matching Gift Program, please submit a copy of your 501(c) (3) IRS determination letter and a brief description of your organization's primary mission statement or purpose.
- * Forward the form and any supporting documents to the address printed below.

Section A - Employee Donor

Employee Name	Home Address
Business Telephone (include area code)	City/State/Zip
Email Address	Exact Date of Gift
Gift Amount (min \$25)	Amount to be Matched (min \$25)

I certify that neither my family nor I will derive and direct financial or material benefit from this contribution. I authorize the above named recipient organization to report this gift to Hallmark Media United States, LLC for the purpose of applying for a matching gift. I certify that my gift is a voluntary contribution, that it fully complies with the provisions of the program described herein, and does not represent in any way a fee for a service or benefit. Any misrepresentation by me of the statements made herein will forfeit my rights to any matching contributions and, in addition, may result in violations of law. In addition, I certify that I have not been nor will be reimbursed by anyone for this contribution, I have read and understood the guidelines of the Hallmark Media Employee Matching Gift Program.

Employee Donor Signature	Date
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Section B - Recipient Organization

Employer Identification Number (EIN)	Address
Organization Name	City/State/Zip
Telephone (include area code)	Email
Fax (include area code)	Website

Date Gift Received	Tax Deductible Gift Amount	Amount of Gift
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I hereby certify that this organization/program meets the eligibility requirements of the IRS Tax Exempt codes and the Hallmark Media Matching Gifts Program, and that neither the donor nor Hallmark Media will derive personal material benefit from this gift or match.

Authorized Officer's Name / Title (please print)

Signature of Authorized Officer	Date
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MAIL COMPLETED FORM AND REQUIRED ENCLOSURES TO:

Hallmark Media United States, LLC
 Matching Gift Program
 12700 Ventura Boulevard
 Studio City, CA 91604