



Matching Gifts Program Application

Donor must 1) complete Section A, 2) have an authorized representative of the donor organization complete Section B, 3) include a copy of the receipt of the charitable donation made by the donor to the donor organization that they wish to be matched, 4) provide proof the donor organization is a 501(c)3 charity and 5) submit this information to giveback@pactivevergreen.com

A. Prepared by Donor *The donor must complete this section.*

Donor Name: _____ Check Box: ☐ Employee ☐ Board Member
Home Address: _____ PTVE Location: _____
Organization Name: _____
Organization Address: _____
Gift Amount: _____ Requested Match Amount: _____
Certification: *I certify that I am receiving no benefit from this gift other than the federal income tax deduction.*
Donor Signature: _____

B. Prepared by Organization *An authorized representative of the organization must complete this section.*

Organization's Exact Name: _____
Address: _____
Federal Tax ID: _____
Certification: *I certify that the employee donor is receiving no benefit from this gift other than the federal income tax deduction, and I certify we received a gift in the stated amount and type from the donor who originated the request.*
Signature of Organization Representative Completing Section B: _____

C. Prepared by Pactiv Evergreen *An authorized Give Back Representative of PTVE will complete this section and will notify the employee if the matching gift is or is not approved and for what amount.*

Name of Approver for PTVE: _____ Date: _____
Matching Gift Meets Eligibility Requirements as outlined in policy: ☐ Yes ☐ No
Matching Gift: ☐ Approved ☐ Not Approved Amount Approved: _____
If not approved, reason provided: _____
Give Back Representative Signature: _____