

# **Employee Matching Gift Program Guidelines**

To encourage and support the generosity and community involvement of employees, Valley Queen Cheese Factory, Inc. (Valley Queen) will offer a Matching Gift Program, which provides matching funds to the charitable organizations that employees personally support. To maximize the impact of employee charitable giving, Valley Queen, matches dollar- for- dollar, donations made by eligible donors, up to \$2,000.00 per calendar year, to the eligible nonprofit organizations of their choice.

## **Who Can Participate**

All employees and their spouses as well as retirees and their spouses are eligible to participate.

## **Eligible Organizations**

Eligible organizations must be headquartered in the United States and designated as a public charity under Section 501 (c)(3) of the IRS Code. Political and religious organizations are ineligible.

## **What Contributions are Eligible?**

- Must be a personal gift, from the donor's personal funds, which has been paid and not simply pledged. The minimum gift eligible for matching is \$25.00. For gifts of installments, each installment must be submitted on a separate form and meet the \$25.00 minimum gift requirement.
- The maximum amount matched per donor per calendar year is \$2,000.00.
- Gifts must be personal monetary contributions made directly to approved organizations in the form of cash, check, or credit card payment.

## **How the Program Works**

Matching gift requests will be submitted on a completed paper form.

The Valley Queen Employee or Eligible Participant will:

1. Complete a monetary contribution to the organization.
2. Complete Part 1 of the Employee Matching Gift Program Request Form.
3. Deliver to the organization Employee Matching Gift Program Request Form to verify receipt of the contribution and to complete Part 2 of the form.

The recipient organization will:

1. Complete Part 2 of the Employee Matching Gift Program Request Form.
2. Return the completed request form to: Valley Queen Cheese Factory, Inc.

PO Box 351  
Milbank, SD 57252

The Valley Queen Charitable Investment Committee will:

1. Review, approve, and process the eligible matching funds within 90 days of receipt of the Employee Matching Gift Program Request Form.

*The funding for this program is approved on a year by year basis and will be distributed on a first come first serve basis. The Valley Queen Charitable Investment Committee reserves the right to approve or deny any request.*



# Employee Matching Gift Program Request Form

### Instructions

#### Valley Queen Employees and Eligible Participants

1. Complete a monetary contribution to the organization.
2. Complete Part 1 of the Employee Matching Gift Program Request Form.
3. Deliver to the organization Employee Matching Gift Program Request Form to verify receipt of the contribution and to complete Part 2 of the form.

#### Recipient Organization:

1. Upon receipt of a monetary gift from an eligible participant – Complete Part 2 of this form.
2. If this is your first matching gift request to the Valley Queen Cheese Employment Matching Gift Program, please enclose a copy of your 501(c)(3) IRS determination letter and a brief description of your organization’s primary mission statement of purpose.
3. Forward completed form with a copy of the monetary receipt from the eligible participant to the address printed below.

### PART 1 – Donor Section

Donor Name

Home Address

City/State/Zip

Telephone, Including Area Code

E-Mail Address

Exact Date of Gift

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Amount of gift (min.\$25)      Amount to be matched (min \$25)

Type of Gift:  Cash  Check  Credit Card

Name of Organization

Organization City, State

I certify that neither my family nor I will derive any direct financial or material benefit from this contribution. I authorize the above-named recipient organization to report this gift to Valley Queen Cheese Factory, Inc. for the purpose of applying for a matching gift. (I certify that the donor’s gift is a voluntary contribution, that it fully complies with the provisions of the program described herein, and misrepresentation by the donor of the statements made herein will forfeit the recipient organization’s rights to any matching contributions and, in addition, may result in violations of law. In addition, I certify that I the donor nor Valley Queen has not been reimbursed by anyone for this contribution. I have read and understood the guidelines of the Valley Queen Cheese Factory, Inc. Matching Gift Program.)

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee/Spouse  Retiree/Spouse

### PART 2 – Recipient Organization Section

Employer Identification Number (EIN)

Organization Name

Organization Contact Person

Address

City/State/Zip

Telephone

Fax

E-Mail

Date Gift Received

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Amount of Gift      Tax Deductible Gift Amount

I hereby certify that this organization/program meets the eligibility of the Valley Queen Cheese Factory, Inc. Matching Gift Program Guidelines, (as described on page 2) and that neither the donor nor Valley Queen Cheese Factory, Inc. will derive any personal material benefit from this gift or match.

Authorized Officer’s Name (please print)

Title (please print)

Signature of Authorized Officer

Date

Mail Completed Form to:

Valley Queen Cheese Factory, Inc.  
 PO Box 351  
 Milbank, SD 57252  
 605-432-4563