

ACCO BRANDS CORPORATION – MATCHING GIFTS PROGRAM – APPLICATION

97M

Please print all information. If this form is not filled out completely, it will be returned.

REQUEST IS FOR:

A Matching Gift

A Volunteer Grant

A Volunteer Leadership Grant

Description

MATCHING GIFTS COORDINATOR AND A/P ADMINISTRATOR FILLS OUT THIS SECTION

Date: _____ Request/Invoice No.: _____

VM # _____ Site: _____

Return check to: Matching Gifts Coordinator

Corp. Check

Have questions about the Matching Gifts Program? Please send an email to MatchingGifts@acco.com.

EMPLOYEE FILLS OUT THIS SECTION

Complete the shaded area and send the following items directly to the receiving organization: (1) This Application with the employee section complete; (2) if this is a request for a Matching Gift, the employee's personal contribution; and (3) a W-9 Form, which the receiving organization completes (not the employee). Keep a copy of this form for your personal records.

Employee Name: _____ Receiving Organization: _____

Home Address: _____ Organization's Address: _____

City, State: _____ City, State: _____

Zip Code: _____ Zip Code: _____

Work Telephone #: _____

Employee ID: _____ Employee Contribution Amount: _____

Check here if you have contributed at least \$50 to City of Hope, Kids In Need, or Free the Children (Canada) in this calendar year and are requesting a **Level II** grant, which increases the benefit. (Please attach a receipt if not previously submitted for a Matching Gift or if the donation was not through payroll deduction.)

If donation was made by a spouse or domestic partner, please list name here: _____

If donation is in memory of an individual, please list name here: _____

I acknowledge that I have read and understand the ACCO Brands Matching Gifts Program guidelines and process.

Employee Signature: _____ Date: _____

RECEIVING ORGANIZATION FILLS OUT THIS SECTION

To receive a matching contribution from ACCO Brands Corporation, please complete the information below and email (1) this original Matching Gifts Program - Application completed; (2) a completed W-9 Form; and (3) a copy of your organization's IRS 501(c)3 letter. (4) If requesting a Volunteer Grant or Volunteer Leadership Grant, include a letter on your organization's stationery describing the employee's participation. Email all documents to MatchingGifts@acco.com.

As an authorized representative of this organization, I certify that _____ has contributed

\$ _____ (amount) on _____ (date); or _____ hours of service on _____ (date/s);

or is serving as _____ (role or leadership position) since _____ (date).

By signing below, I confirm this organization qualifies as a not-for-profit under the rules of the Internal Revenue Service, and that the 501(c)3 determination letter is still in effect as of this date. Attached is a current IRS 501(c)3 letter and a completed W-9 Form. I understand ACCO Brands cannot process this **Matching Gifts Program - Application** without all of these documents.

Name of Organization (make check payable to): _____

Address: _____

City, State, Zip Code: _____

Authorized Representative (please print): _____ Title: _____

Signature: _____ Date: _____ Telephone #: _____

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