

Matching Charitable Gifts Policy and Form CHARITABLE GIFT MATCHING CONTRIBUTION FORM

Instructions

- 1. Eligible employee to submit request for pre-approval of charitable nonprofit organization to the Apex Benefits Community Giving Committee via acctg@apexbg.com.
- 2. After receiving committee approval, the employee is to complete PART A of the form attached, sending the entire form to the charitable organization, together with his or her contribution.
- 3. PART B of the form must be executed by a financial officer of the charitable organization. Both parts of the form must then be returned by the organization to:

Apex Benefits ATTN: Finance/Accounting 9400 Priority Way West Drive Indianapolis, IN 46240 Office: (317) 254-1600 / Fax: (317) 254-1606

acctg@apexbg.com

PART A

To be completed by Apex Employee

The undersigned has made a charitable contribution to the following charitable organization:

Organization Name:	
Website:	
Mission/Purpose:	
Date/Date Range*:	Monetary Amount:
*If multiple contributions are reported on this form, a contribution summary must be included to receive a gift match.	
C	check Cash Credit
	Check#
I hereby authorize the above-named organization to report this gift for the purpose of qualifying for a contribution from Apex Benefits in accordance with the provisions of this policy.	
Employee Name:	
Signature:	



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PART B

To be completed by the charitable organization - all information is required to receive an Apex Benefits gift

If this matching request covers multiple individual donations, I certify that this organization has provided and attached a separate contribution summary which lists the amount of each individual donation and the date such donation was made. In addition, I hereby certify that this organization is a charitable organization as defined by section (501)(c)(3) of the Internal Revenue Code and thus qualifies under the provisions of this policy to receive a grant from Apex Benefits, and that the contribution described above was received by:

Organization Name:
Federal ID #:
Organization Address:
City, State and Zip:
Phone #:
Contact Email Address:
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Printed Name of Financial Officer:
Signature of Financial Officer:
Amount (%) of Gift that is Tax Deductible:

For contributions to be matched, the completed form must be received by Apex before annual program funds are depleted or by December 15th of the current year.



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POLICY DETAILS

Apex Benefits recognizes the importance of charitable nonprofit organizations. To support the work of these organizations, Apex Benefits matches employees' contributions to qualified organizations. To be qualified for a matching employer contribution, the organization must be a social service, charitable or environmental organization that is not-for-profit. Examples are the American Red Cross, the American Cancer Society, the Nature Conservancy and the United Way.

Apex Benefits will match employee contributions to a maximum of \$250 per employee per calendar year. To generate the employer match, the employee needs to submit the matching gift form, available from Human Resources, with documentation of the contribution. Pledges of contribution are not eligible—the contribution must have actually been made in order to qualify for the employer match. Human Resources may also request the employee to provide additional information on any organization which is not easily identifiable as a qualified organization for the employer match. The Apex Benefits Community Giving Committee reserves the right to review all gift matching requests and to forego any match for any reason at any time.

HOW IT WORKS

- 1. Eligible employee to submit request for pre-approval of charitable nonprofit organization to the Apex Benefits Community Giving Committee via acctg@apexbg.com.
- 2. After receiving committee approval, the employee is to complete PART A of the form attached, sending the entire form to the charitable organization, together with his or her contribution.
- 3. PART B of the form must be executed by a financial officer of the charitable organization. Both parts of the form must then be returned by the organization to:

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Fax: (317) 254-1606

Upon receipt of Part B, a matching check will be mailed to the organization by Apex. Matching checks will be issued monthly. Notification will be given to employee after the matching check has been mailed. Charitable matching requests for the current year must be received by December 15th of the current year.