



## Matching Gift Program Form

### TO APPLY: Full-Time Employees

Complete Part A and send it with your contribution to the non-profit organization.

### Recipient Organization

Complete Part B and return Part A and B to address shown below.

### PART A (Completed by Employee)

Name (First, Middle Initial, Last)

Home Address (Number and Street)

City

State

Zip

Mail Code

Department

Full-Time

Trustee

Director

Extension (or business telephone)

Home telephone

(please circle one)

\$

Amount of Gift

Designation of Gift (if any)

Complete Name of Organization Receiving Gift

Employee Signature

Date

### PART B (To be completed by organization – must be returned within 90 days from date of gift)

I certify that a contribution as described above has been received by the organization below which qualifies under Section 501 (c)(3) of the Internal Revenue Code and that no goods or services were received in exchange for this contribution. Further, I certify that funds received from ATI Industrial Automation shall be used for the same purpose as specified by the employee.

Organization Name

Tax-Exempt I.D. No.

Organization Mailing Address

Telephone Number

Date Gift Received

E-Mail

\$

.00

Amount Received

Tax Deductible Portion

Designation (if any)

Authorized Signature

Name & Title (print or type)

Date

Organization: After completing Part B, mail the original form (not a copy) to:

ATI Industrial Automation

1031 Goodworth Drive

Apex, NC 27539

Telephone: 919-772-0115 ext. 124