



FAMILY MATTERS.  
NO MATTER WHAT®

# Employee Matching Gift Program

## EMPLOYEE SUBMISSION INFORMATION

All requests should be submitted with the following items and emailed to [MakingAnImpact@bostonmutual.com](mailto:MakingAnImpact@bostonmutual.com).

1. Completed Employee Matching Gift Program form
2. W-9 form the organization
3. Receipt of gift made to the organization
4. Information about the organization

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

## GIFT INFORMATION

Name of Organization: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact Number: \_\_\_\_\_

EIN/Tax Number: \_\_\_\_\_ Website: \_\_\_\_\_

Date of Gift: \_\_\_\_\_ Gift Amount: \_\_\_\_\_

*I certify that the information submitted is correct and that my gift complies fully with the provisions of the Making An Impact program.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ELIGIBILITY FACTORS

- Organizations must be within one of our program’s main focus areas: Community, Education, & Family.
- Organizations must be a non-profit organization 501(c)(3) as defined by the Internal Revenue Service.
- Employee must be an active permanent Boston Mutual employee with more than 90 days of service.
- Total maximum match gift(s) limit per employee per calendar year is \$250.
- All requests must be submitted by December 14<sup>th</sup> of that calendar year.
- We do not pre-approve any request.

## FOR BOSTON MUTUAL USE ONLY

Date Received:

Donation:

Fiscal Year:

Status:

Authorized by:

Sent: