

PLEASE FORWARD FORM TO:

D.A. Davidson

PO Box 5015

Great Falls, MT 59403-5015

Attn: Michelle Nelson Accounting Department



D | A | DAVIDSON

## Gift Matching Form

### Part 1. (To be completed by employee)

Employee Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Branch/Department Name and Number \_\_\_\_\_

Organization to which this gift is made \_\_\_\_\_

Organization Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Specific program or fund to which you would like your gift directed \_\_\_\_\_

Date of Gift \_\_\_\_\_

If securities, Shares \_\_\_\_\_

Amount of Gift \_\_\_\_\_

Security \_\_\_\_\_

Amount to be Matched \_\_\_\_\_

Value \_\_\_\_\_

*I certify that this contribution does not represent a payment directly or indirectly for tuition or other expenses and that I have read and understand the program guidelines.*

Employee (Donor) Signature \_\_\_\_\_

**\*Please forward to charitable organization for certification of gift.\***

### Part 2. (To be completed by charitable organization)

***A copy of the organization's 501© (3) determination letter must be submitted with this form.***

#### D.A. Davidson Gift Matching Program Outline

Gifts to two or four-year public or private colleges, universities, or post-secondary technical institutes located in the United States are eligible to be matched. Institutions must be accredited by the appropriate regional, state, or professional accrediting body and must be certified by the United States Internal Revenue Service as organizations to which contributions are deductible for federal income tax purposes. Alumni funds, foundations, or associations are eligible upon certification that the entire gift has been received by a qualified institution. All nonprofit organizations are eligible for gift matching provided the organization is a 501© (3) charitable organization. Religious, political, fraternal, professional or veteran organizations are ineligible unless the contribution is for a specific program supported by and of benefit to the entire community. Internal policy or applicable federal law requires D.A. Davidson to decline requests to support gifts in lieu of tuition or school instructional expenses, bequests, dues to national or local alumni groups, subscription or publication fees, payments for athletic, social or recreational activities, gifts or scholarships to individuals, youth athletic teams, individual scout troops or individual parent/teacher associations, church pledges or organizational membership, benefits, conferences or dinners, fundraisers that use pledges, such as walk-a-thons, bike-a-thons, etc.

Name of Organization \_\_\_\_\_

Employer Identification Number \_\_\_\_\_ Phone Number \_\_\_\_\_

What is the major purpose of your organization (i.e. education, youth, etc.)? \_\_\_\_\_

*I certify that the above gift has been received and that the amount of the gift to be matched represents a charitable contribution from which the donor derives no material benefit (e.g. tuition, tickets, magazine subscriptions, etc.) as a result of this gift, that it will be used to support the objective of this organization and that the gift is not to any of the excluded entities on the above list of what will not be funded or matched.*

Signature of Authorized Officer \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title of above Officer \_\_\_\_\_

**Please forward completed form to the D.A. Davidson address shown at the top of this form.**

### Part 3. (To be completed by D.A. Davidson)

We are pleased to transmit a check in the amount of \$ \_\_\_\_\_ in accordance with D.A. Davidson's Gift Matching guidelines.

Authorized Signature \_\_\_\_\_