

# Dollar Bank Foundation Gift Matching Program Request Form



## Instructions

### Part 1 - Donor:

- 1.) Complete Part 1 of this form - one for each gift. *Please print or type.*
- 2.) Send the form and a copy of the program guidelines with your gift to the recipient organization.

### Part 2 - Recipient Organization:

- 1.) Verify receipt of gift.
- 2.) Fully complete Part 2 of this form. *Please print or type.*
- 3.) Enclose a copy of your 501 ( c ) ( 3 ) IRS determination letter.
- 4.) Forward form and required enclosures to the address below.

## Part 1 - Donor Section

\_\_\_\_\_  
Donor Name

\_\_\_\_\_  
Department/Branch Location

\_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
E-Mail Address

\$ \_\_\_\_\_

Gift Amount

(Min. \$25 Donation)

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

Type of Gift (Check One)

Check  Cash  Credit Card

I hereby certify that:

- neither my family nor I will derive any direct financial or material benefit from this gift;
- the matching portion of this gift is not being made to fulfill all or part of a personal pledge;
- this gift is voluntary and fully complies with the provisions of the program herein;
- this gift does not represent in any way a fee for a service or benefit;
- I have not been nor will be reimbursed for this gift;
- this gift is not made jointly with others;
- I have read and understand the guidelines and FAQs of the Dollar Bank Gift Matching Program.

I authorize the above-named organization to report this gift to Dollar Bank for the purpose of applying for a matching gift. Any misrepresentation by me of the statements made herein will forfeit my rights to any matching gift, and, in addition may result in violations of the law.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

## Part 2 - Recipient Organization Section

\_\_\_\_\_  
Employer Identification Number (EIN)

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Website

\_\_\_\_\_  
E-Mail

\$ \_\_\_\_\_  
Gift Amount

\$ \_\_\_\_\_  
Tax Deductible Amount

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

I hereby certify that this organization/program meets the eligibility requirements of the Dollar Bank Foundation Gift Matching Program; that this gift was not used to fulfill all or part of a personal pledge and that neither the donor nor Dollar Bank will derive any personal material benefit from this gift or match.

\_\_\_\_\_  
Authorized Officer's Name (Please Print)

\_\_\_\_\_  
Title (Please Print)

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

\_\_\_\_\_  
Date

**Mail Completed Form & Required Enclosures to:**  
Dollar Bank Foundation  
Attn: Gift Matching  
20 Stanwix Street, 18<sup>th</sup> Floor  
Pittsburgh, PA 15222  
publicaffairs@dollarbank.com  
412-261-8146