



MATCHING GIFTS PROGRAM APPLICATION

Part A. To be completed by Bank employee and sent with employee's contribution to the eligible non-profit organization.

Name: _____

Home Address: _____ City, State, Zip Code: _____

Cash gift of: _____ Date of Gift: _____

In accordance with the Employee Contribution Matching Gifts Program, I certify that my gift does not represent payment in exchange for benefits received.

Employee Signature _____

Contributions are paid quarterly. Non-profit organizations (NPO) must complete Part B and return the entire application. FHLB Des Moines reserves the right to refuse matching gifts and to change guidelines without notice in accordance with budget, program guidelines or conflicts with the Bank's corporate contribution guidelines.

Part B does not have to be completed by the non-profit organization (NPO) for online donations as long as each employee includes the following:

- receipt of employee's NPO donation
- verification of the NPO's IRS 501(c)(3) status in written form
- mailing address of the NPO to receive the Bank's matching gift donation

Please review the Matching Gifts Program guidelines for additional instructions.

Part B. I certify that a cash gift of \$_____ was received on: _____ and will be used entirely for the program of: _____

Name of Non-profit organization _____

Street Address _____

City, State, Zip Code _____

To be completed by the non-profit organization. The completed application should be returned to:

Lisa Barnett
Human Resources Department, Floor 5
Federal Home Loan Bank of Des Moines
909 Locust Street
Des Moines, Iowa 50309

Our non-profit organization serves the following groups during the year:

- ☐ Minorities ☐ Women ☐ Disabled and/or Veterans ☐ Visually Impaired ☐ Individuals, Families and/or Children
- ☐ Other (please specify) _____

I further certify that

Name of Organization – Note: Please include a copy of the IRS determination letter stating your organization's 501(c)(3) status.

Signature of authorized officer

Printed name of authorized officer

Title

Phone Number

Date