

GEICO ASSOCIATE CHARITABLE GIFT MATCH REQUEST

(Do Not Use this form for match request to college/university. Please use form D-70)

Associate Instructions:

- Complete the entire top portion of this form.
- Submit the completed form one of the following ways:
 1. Make a copy for your records, enclose this form with your donation check, & mail to the charity. The charity will verify receipt of your donation at the bottom of this form & email or postal mail it back to the GEICO Philanthropic Foundation (GPF) Administrator.
 2. Associate can email the completed form to the GPF Administrator with attached donation receipt.
 3. Associate can inner-office mail the form & donation receipt to the GPF Administrator.
- Contact the charity to confirm receipt of the match at least 45 days after form has been submitted.

Qualifying Criteria:

1. The Charity must:
 - a. be an IRS 501c3 designated charity.
 - b. not be political or religious in purpose.
 - c. not provide goods or service in return for this donation.
2. Matching gift requests for walks, runs, fundraisers, etc. that require an enrollment/participant fee will be matched after proof of fees are paid.
3. GEICO associate signature & associate number is required on the form.
4. The maximum matching amount for donations made in a calendar year, per associate, is \$1,000.00.
5. Minimum contribution to match is \$15.00.

GEICO ASSOCIATE Donor – I request that the GEICO Philanthropic Foundation match my personal donation to the following charitable charity as defined above:

Charity Name: _____ Direct funds to: _____
Charity Address: _____
Donation Date: ___/___/___ Amount \$ _____ Associate # _____ Office Location _____
Associate Name: _____ Signature: _____
Associate Street Address: _____ Work Phone: _____

RECEIVING Charity - Please certify donation receipt below from the above GEICO associate donor.

A gift in the amount of \$ _____ was received on ___/___/___ from GEICO associate name _____
By (Charity Name) _____ IRS EIN# _____
Street Address _____
Authorized Charity Representative Name _____ Title _____ Phone _____
Email _____ *Donor received no goods or services in return for this donation.*

Return this completed form to: Cheryl P. Ibanez, GPF Administrator
5260 Western Ave., Chevy Chase, MD 20815
cibanez@geico.com

Deadline: March 31st of the following year the donation was made in.

GPF APPROVAL:

AMOUNT: \$

D-328 NS (1/28/2020)