

Employees must complete part **A only**. Mail this form, together with your contribution, to the nonprofit organization.

Employee I.D. Number: _____

LAST NAME: _____

FIRST NAME: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF HIRE: _____

STATUS:(check one)

FULL-TIME

PART-TIME(at least 20 hours/wk)

WORKSITE:

TAX-EXEMPT ORGANIZATION NAME:(required) _____

RESTRICTION OR PURPOSE OF GIFT:(if any) _____

MONETARY CONTRIBUTION: _____

PAYMENT METHOD FOR GIFT:

CHECK CREDIT CARD DEBIT CARD MONEY ORDER

IF CHECK, PROVIDE THE CHECK NUMBER:

TYPE OF CREDIT/DEBIT CARD:

AMEX VISA MASTERCARD DISCOVER OTHER

CARD NUMBER: _____

REQUESTED FOUNDATION MATCH:

PLEASE NOTE: Contributions must be at least \$25.00 to an eligible, nonprofit organization. The company will match up to \$500.00 per employee per fiscal year. Requests will be considered on a first-come, first served basis. Submission of your form does not automatically entitle the organization to the matching funds.

I hereby certify that:

- The above donation is entirely **my personal contribution**, not made from a business account and is not whole or in part the gift of another individual or the sum of the gifts of other individuals.
- All information is accurate, contributions are **not in lieu of tuition, fees or other personal obligations, and neither I nor a family member has received any personal benefits in exchange**(e.g. auction items, dinner, raffle and/or sporting event tickets, sponsorships, golf tournaments, parking privileges, memberships, etc.).
- To the best of my knowledge this nonprofit, its staff and its programs conform to th eligibility guidelines of the Global Payments' Charitable Gift Matching Program and do not in any way fund or assist terrorist groups or activities.

I understand that abuse or failure to comply with any of the above may result in permanent termination of my charitable gift matching privileges and may lead to other disciplinary actions.

SIGNATURE(required)

DATE OF GIFT

Form B: Global Payments Inc. Grantee Compliance Form

Please print or type. Failure to complete any part of this form will result in significant delays.

To Be Completed by Nonprofit Organization

This **nonprofit organization** must fill out part **B** and forward the form to the Global Payments' Charitable Gift Matching program, along with Global Payments' Charitable Gift Matching program Form **A** at the address below.

NOTE: Please attach a copy of your IRS Federal Tax Exempt letter and a brochure describing your programs and mission.

TAX-EXEMPT ORGANIZATION NAME: (Required) _____

FEDERAL TAX I.D. (9-DIGIT EIN#): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

WEB ADDRESS: _____

MONETARY CONTRIBUTION: \$ _____

GIFT DATE: (____ / ____ / ____)

NAME OF CONTRIBUTOR: _____

RESTRICTION OR GIFT DESIGNATION: (if any) _____

TAX DEDUCTIBLE AMOUNT: (required) _____

I hereby certify that:

- We received the above contribution from the above employee of Global Payments Inc. and that the donation represents a charitable contribution and the donor derives no material benefit (e.g. auction items, dinner, raffle and/or sporting event tickets, journal ads, sponsorships, golf tournaments [including participation], parking privileges, memberships, tuition, etc.) as a result of this gift.
- This gift is not, in whole or in part, the gift of another individual or the sum of gifts of other individuals.
- This organization complies with the eligibility guidelines of the Global Payments' Charitable Gift Matching program and adheres to accepted financial and record-keeping practices and will furnish upon request an annual report, financial statements or a list of subcontractors and affiliates.
- This organization takes reasonable steps to ensure that grant funds or resources are not ultimately distributed to any organizations that support terrorist or violent activity.

I understand that abuse or failure to comply with any of the above may result in permanent termination of this organization's charitable gift matching privileges.

NAME: _____

TITLE: _____

SIGNATURE (required)

DATE

Global Payments Inc.
Charitable Gift Matching Program
10 Glenlake Parkway NE
North Tower
Atlanta, Georgia 30328
CharityMatch@globalpay.com