



MATCHING GIFT REQUEST FORM

This request form is a legal document. Photocopies are unacceptable. Please read the entire form carefully before completing.

SECTION A To be completed by employee

Fill out Section A completely and send this form along with your donation to the institution of your choice. Failure to fill out this form completely and legibly will result in a processing delay.

EMPLOYEE DATA Please type or print clearly in ink only.

NAME

HOME ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS

COMPANY LOCATION

WORK PHONE

GIFT DATA

NAME OF NONPROFIT ORGANIZATION

CITY, STATE, ZIP

DATE OF GIFT: / /
(MONTH, DAY, YEAR)

AMOUNT OF GIFT: \$,

Form of gift (cash gifts not eligible)

☐ Check ☐ Credit Card

I certify that this gift is solely for the use of the organization named and that neither I, nor any member of my family, nor any directed third party will benefit in any way from this gift. I further certify that the amount given is entirely my own and meets the qualifications of the program as specified in this brochure

SIGNATURE

DATE

SECTION B To be completed by gift recipient

I certify that the contribution described in Section A was received by the organization below. This is an accredited educational institution or nonprofit organization that has been determined tax-exempt under Section 501(c)(3) of the Internal Revenue Code, is not a private foundation, and is one to which contributions by individuals and corporations are deductible on their federal income tax returns.

PLEASE READ CAREFULLY: In order for this form to be processed, you must include a copy of the employee's check, or if the gift is made by credit card, a receipt documenting the gift.

If this is the first time you are requesting an employee Matching Gift from us, you must enclose a copy of your federal 501(c)(3) tax-exempt determination letter, most recent annual report/brochure or any other materials describing your organization's activities and return them with this form to the address below.

Please remember that a Matching Gift request must be received within six months of the date of the gift.

Please type or print clearly in ink only.

EIN NUMBER

DATE

CONTACT NAME

TITLE

ORGANIZATION NAME

ADDRESS

CITY, STATE, ZIP

TELEPHONE

FAX

EMAIL ADDRESS

WEB ADDRESS

GIFT AMOUNT

TAX DEDUCTIBLE AMOUNT

I confirm that the above gift was received and that this organization is tax-exempt under the U.S. Internal Revenue Code. I further confirm that no direct, tangible benefit will accrue to the donor, any member of his/her family, or to any directed third party as a result of this gift and that it will be used to support the primary objectives of the organization.

AUTHORIZED SIGNATURE

DATE

☐ I have enclosed the required copy of the employee's check or documentation confirming the credit card payment.

Mail this Matching Gift request form with a copy of the check or credit card receipt and necessary institutional information to:

Kao USA Inc.
Attn: Matching Gifts Program
2535 Spring Grove Avenue
Cincinnati, OH 45214

Enriching lives,
in harmony with nature.



For inquiries, send e-mail to: CorporateCommunications@kao.com