

# Matching Gift Form

The **Master Lock** Company

Property. People. Life.

## MASTER LOCK ASSOCIATE FILLS OUT THIS SECTION

**Instructions:** Associates, please print all information. Upon completing the fields in this box, send this form to the receiving non-profit organization.

Employee Name: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Employee Contribution Amount\*: \$ \_\_\_\_\_

Date of Gift : \_\_\_\_\_

**Employee signature:** \_\_\_\_\_

Date: \_\_\_\_\_

*\*Minimum gift to be matched is \$25. Combined total to be matched is limited to \$100 per calendar year per employee.*

## RECEIVING ORGANIZATION FILLS OUT THIS SECTION

**Instructions:** To receive a matching contribution from The Master Lock Company, please complete the information below, then scan and email this form to **communityrelations@mlock.com**. You may also mail this form to The Master Lock Company, Attn: Community Relations, 6744 S. Howell Ave., Oak Creek, WI 53154.

**Please include your organization's IRS 501(C)(3) letter and W9 Form with this form so we can process the matching gift.**

As an authorized representative of this organization, I certify receipt of \$ \_\_\_\_\_ (contribution amount) from \_\_\_\_\_ (associate name) on \_\_\_\_\_ (date).

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

Full Address: \_\_\_\_\_

Name of authorized representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_