



## Matching Education Gift Program Request Form

### INSTRUCTIONS

#### Donor:

- Complete Part 1 of this form – one for each gift. *Please print or type.*
- Send the form and a copy of the program guidelines with your contribution to the recipient organization.

#### Recipient Organization:

- Verify receipt of gift.
- Complete Part 2 of this form. *Please print or type. Must be processed within 6 months to be eligible.*
- If this is your first matching gift request to the Pepsi Bottling Ventures Matching Education Gift Program, please enclose a copy of your 501(c)(3) IRS determination letter and a brief description of your organization's primary mission statement or purpose.
- Forward form to the address printed below.

### PART 1 – DONOR SECTION

DONOR NAME

HOME ADDRESS

CITY/STATE/ZIP

BUSINESS TELEPHONE, INCLUDING AREA CODE

E-MAIL ADDRESS

EXACT DATE OF GIFT

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
AMOUNT OF GIFT (MIN \$100) AMOUNT TO BE MATCHED

#### Type of Gift – Please Circle One:

Cash / Check

NAME OF ORGANIZATION

ORGANIZATION CITY, STATE

RESTRICTION OR PURPOSE (IF ANY)

I certify that neither my family nor I will derive any direct financial or material benefit from this contribution. I authorize the above named recipient organization to report this gift to Pepsi Bottling Ventures Matching Education Gift Program for the purpose of applying for a matching gift. I certify that my gift is a voluntary contribution, that it fully complies with the provisions of the program described herein, and does not represent in any way a fee for a service or benefit. Any misrepresentation by matching contributions and, in addition, may result in violations of law. In addition, I certify that I have not been nor will be reimbursed by any one for this contribution. I have read and understood the guidelines of the Pepsi Bottling Ventures Matching Education Gift Program.

DONOR SIGNATURE

DATE

### PART 2 – RECIPIENT ORGANIZATION SECTION

EMPLOYER IDENTIFICATION NUMBER (EIN)

ORGANIZATION NAME

ADDRESS

CITY / STATE / ZIP

TELEPHONE, INCLUDING AREA CODE FAX, INCLUDING AREA CODE

E-MAIL WEBSITE ADDRESS (IF ANY)

DATE GIFT RECEIVED

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
AMOUNT OF GIFT TAX DEDUCTIBLE GIFT AMOUNT

I hereby certify that this organization/program meets the eligibility requirements of the Pepsi Bottling Ventures Matching Education Gift Program, and that neither donor nor Pepsi Bottling Ventures will derive any personal material benefit from this gift match.

AUTHORIZED OFFICER'S NAME (PLEASE PRINT)

TITLE (PLEASE PRINT)

SIGNATURE OF AUTHORIZED OFFICER

DATE

#### MAIL COMPLETED FORM AND ANY REQUIRED ENCLOSURES TO:

PEPSI BOTTLING VENTURES MATCHING EDUCATION GIFT  
PROGRAM  
4141 PARK LAKE AVENUE, SUITE 600  
RALEIGH, NC 27612  
PHONE: 919-865-2359