

STARR

INSURANCE COMPANIES

Matching Gifts Program

Employee contributions of at least \$100 that are made to eligible nonprofit organizations will be matched by Starr Companies – up to \$3,000 per calendar year per employee/household.

Starr Companies will match dollar-for-dollar contributions by eligible donors and/or their spouses to eligible organizations that qualify as tax-exempt organizations for federal income tax purposes under section 501 (c) (3) of the Internal Revenue Code. Eligible organizations must meet the guidelines as stated in the company Matching Gifts Program policy.

What a great opportunity for the organization – When you make a contribution to an eligible nonprofit organization, they receive two donations – your contribution and the matching gift from Starr Companies.

You may designate that your contribution be used for a particular purpose; however, the matching gift will be made for unrestricted use by the recipient institution.

Instructions

Eligible Donors:

- Full-time employees and/or their spouses
- Complete Part I of this form – one for each gift. *Please print or type.*
- Send the form with your contribution to the recipient organization, along with proof of donation (copy of check, redacted financial statement, etc.).

Recipient Organization:

- Verify receipt of gift.
- Complete Part II of the application and provide ACH information (p. 3). Please print or type.
- Enclose a copy of your Internal Revenue Service 501 (c) (3) IRS determination letter and a brief description of your organization's primary mission statement or purpose.
- Email/scan all paperwork to the following address:

matchinggifts@starrcompanies.com

Matching Gift Application

Starr Companies will match dollar-for-dollar contributions by eligible donors and/or their spouses to eligible organizations, as defined in the company Matching Gifts Program policy. Contributions must be at least \$100 and a maximum of \$3,000 per employee/household will be matched per calendar year. Employees may designate that their contribution be used for a particular purpose; however, the matching gift will be made for unrestricted use by the recipient institution.

Part I – Donor Section			
Complete this section and send the form to the recipient organization along with your contribution.			
Name of Starr Companies Employee		Name of Spouse (if applicable)	Donation was made by: <input type="checkbox"/> Self <input type="checkbox"/> Spouse
Street Address		City, State	Zip
Email Address		Telephone Number	
Date of Gift	Gift Amount-min \$100 \$	Gift Purpose-match will be unrestricted	Amount to be matched-min \$100
Name of Organization Receiving Gift			
<p><i>Has anyone stated or implied either (1) that Starr Companies will suffer adverse action if the requested contribution is not made or (2) that Starr Companies will receive some sort of benefit if the requested contribution is made? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</i></p> <p style="text-align: center;"><i>Initial</i></p> <p><i>I hereby certify that I have read the guidelines set forth in the Matching Gifts Program policy and that this contribution is fully eligible under the guidelines.</i></p>			
_____		_____	
Donor Signature		Date	
Part II – Recipient Organization Section			
Verify receipt of gift by completing this section. Email the completed form to matchinggifts@starrcompanies.com along with a copy of your <u>Internal Revenue Service tax-exempt determination letter, the organization’s mission statement, proof of donation, and ACH information.</u>			
Organization Name, as listed on IRS tax-exempt determination letter		Employer Identification Number (EIN)	
Street Address		City, State	Zip
Telephone Number		Fax Number	
E-mail Address			
Amount of Gift \$	Tax Deductible Gift Amount \$	Date Gift Received	
<p><i>I hereby certify that the gift specified in Part I has been received from the donor, and that this organization program is tax-exempt under Section 501(C) (3) of the Internal Revenue Code, and that neither the donor nor Starr Companies will derive any material benefit from this gift or match.</i></p>			
_____		_____	
Authorized Officer’s Name (please print)		Title (please print)	
_____		_____	
Signature of Authorized Officer		Date	

