

Employee Matching Gift Program Form



TCF offers this program to match dollar for dollar donations made by employees to charitable organizations of their choice.

Eligible Employees:

- TCF Financial Corporation (or any of its operating subsidiaries) salaried employees, and hourly employees who work 20 or more hours per week.
- At least one year of TCF employment is required.

Donation Amount:

- Minimum \$100
- Maximum \$10,000 annual limitation per employee. Eligible employees may contribute to as many qualifying organizations as he/she wishes within the maximum annual limitation.

Matching Ratio:

- \$1 to \$1

Qualifying Donations:

- Most charitable organizations with non-profit 501(c)(3) status from the IRS; different than 'tax exempt.'

Non-qualifying Organizations and Activities:

- Sponsorship of social events of otherwise qualified organizations.
- Political parties or political candidates.
- Social fraternal organizations or auxiliary clubs (e.g. Rotary, Lions Clubs, etc.).
- Organizations that exist to influence legislation on local, state and federal levels.
- Organizations supported primarily by parents for the benefit of their children (e.g. parent or teacher associations, PTO, PTA, individual scout troops, etc.).
- Religious organizations: churches, mission groups, etc. Only organizations that provide humanitarian services on a non-sectarian basis may be eligible (e.g. homeless shelter, food shelf, etc.).

Part A | Employee

To be completed by the TCF employee. Mail this printed form with your check (or online receipt) to the charity.

TCF Employee

Name: _____

Lawson ID #: _____

Hire Date: ____ / ____ / ____

Check one: Employee SVP and above

TCF Department: _____

State: _____

Employee Email: _____

Amount of Donation: \$_____ .00

Date of Donation: ____ / ____ / 2017

Name of Charity: _____

Charity Address: _____

Charity City: _____

Charity State: _____ Zip: _____

Part B | Charitable Organization

To be completed by the organization receiving the donation.

Mail completed form and IRS letter to:

TCF Foundation

200 Lake Street East, EXO-02-C

Wayzata, Minnesota 55391

Required: Must include a copy of your 501(c)(3) determination letter from the IRS.

Tax Deductible Donation Amount: \$_____ .00

Date Received Donation: ____ / ____ / ____

Phone Number: (____) ____ - _____

Federal Tax ID #: __ - _____ (required)

Legal Name of Organization Receiving Donation: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby certify that I have read the information contained on this form, and this donation satisfies the requirements of the TCF Foundation's Employee Matching Gift Program. Religious groups and organizations receiving funding acknowledge that the end users will not be required to adopt the doctrines or beliefs of their entity as a prerequisite for receiving funded service or benefit.

Signature of Charity Official: _____

Printed/Typed Name: Mr. Ms. _____