

# THE TRUST COMPANY OF TOLEDO, N.A.

## MATCHING GIFT APPLICATION

### PART A -- TO BE COMPLETED BY DONOR

The Company will match contribution of up to \$500

Employee Name: \_\_\_\_\_  
**Individual Gift** Minimum Contribution: \_\_\_\_\_  
Please specify the \$ amount to be Matched \$ \_\_\_\_\_  
**Group Gift: Made in honor of a person** Employee minimum contribution: \_\_\_\_\_  
given in support of \_\_\_\_\_  
participating in \_\_\_\_\_  
Event Name

Exact Date of Gift: \_\_\_\_\_ AMOUNT OF GIFT: \_\_\_\_\_  
Made by \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

Organization receiving Gift: \_\_\_\_\_  
Address: \_\_\_\_\_

I certify that this gift meets with all the specifications as described in the company information as it relates to matching gifts.

Signature of donor \_\_\_\_\_  
Date \_\_\_\_\_

### PART B -- TO BE COMPLETED BY RECIPIENT INSTITUTION

1. Verify donor section. Fill out Part B completely.
2. Mail this form along with a photocopy of the check, securities or proof of credit card donation to:

The Trust Company of Toledo, N.A.  
Attention: Robert Cabanski  
1630 Timberwolf Drive  
Holland, OH 43528

I certify that this institution is recognized as a tax-exempt public charity (not a private foundation) by the IRS under Section 501(c)(3) or Section 170(c)(1). A copy of your Section 501(c)(3) letter or Section 170(c)(1) letter dated with the current year must be included. Failure to include this letter may prevent processing.

Donor \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Received \_\_\_\_\_  
Organization \_\_\_\_\_ Tax ID \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Signature \_\_\_\_\_ of \_\_\_\_\_ Officer (not a stamp) \_\_\_\_\_  
Print or type Full Name and  
Title of Officer \_\_\_\_\_