



MATCHING GIFT REQUEST FORM

Matching Gift Instructions

Donor:

- Complete the Donor Matching Gift Information Form and return to GEC as soon as possible.
- Complete Part A of the Matching Gift Request form – one for each gift. (Please print or type)
- Send this form with verification of your contribution to your organization’s Human Resource Department.

Organization:

- Review enclosed documents to verify donor’s gift and GEC’s tax determination letter
- Ensure that donation match meets your organization’s guidelines
- If this is the first matching gift submitted to our organization, please enclose a copy of your matching gift program guidelines.
- Forward form along with matching gift check to the address printed below

Part A – Donor Section

Employee ID Number

Employee Name

Active

Retired

Date Started Employment

Date Retired

Home Address

City

State

Zip

Business Telephone

Email Address

Exact Date of Gift

Amount of Gift

Type of gift (please select one):

Check
Stock

Credit Card

Amount to Be Matched

Name of Organization Receiving Gift

Organization’s City

State

Restriction or Purpose (if any)

Part B – Non-profit: Recipient Section

46-541-212

Employer Identification Number (EIN)

Gargiulo Education Center

Organization name

1414 Rail Head Blvd., Naples, FL 34110

Address City/State/Zip

info@gargiuloed.org

E-mail address

239-596-1975

Telephone

www.gargiuloed.org

Website address

Date Gift Received

Amount of Gift

(Tax-deductible gift amount)

I verify receipt of the charitable gift described by the donor, and I hereby certify that this is a non-profit organization/program that meets all of the eligibility requirements to receive a matching gift, and that contributions to it are tax-deductible under Section 501(c)(3) of the Internal Revenue Code. Neither the donor nor your organization will derive any personal material benefit from this gift or match. This gift is a voluntary charitable contribution that fully complies with IRS guidelines.

Authorized Officer’s Name (please print)

Title (please print)

Signature of Authorized Officer

Date

