



MATCHING GIFT REQUEST FORM

Matching Gift Instructions

Donor:

- Complete the Donor Matching Gift Information Form and return to Fisher Center 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 Fisher Center'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

<u>Part A – Donor Section</u>	<u>Part B – Non-profit: Recipient Section</u>
_____ Employee ID Number	13 - 3859563 Employer Identification Number (EIN)
_____ Employee Name	Fisher Center for Alzheimer's Research Foundation Organization name
Active _____ Retired _____	110 East 42nd Street, 16th Floor, New York, NY 10017 Address City/State/Zip
_____ Date Started Employment _____ Date Retired	800-259-4636 donations@alzinfo.org Telephone E-mail address
_____ Home Address	212-915-1319 www.alzinfo.org Fax Website address
_____ City State Zip	_____ Date Gift Received _____ Amount of Gift (Tax-deductible gift amount)
_____ Business Telephone Email Address	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.
_____ Exact Date of Gift _____ Amount of Gift	_____ Authorized Officer's Name (please print)
_____ Amount to Be Matched _____ Type of gift (please select one): Check Credit Card Stock	_____ Title (please print)
_____ Name of Organization Receiving Gift	_____ Signature of Authorized Officer _____ Date
_____ Organization's City State	
_____ Restriction or Purpose (if any)	



FISHER CENTER FOR
ALZHEIMER'S
RESEARCH FOUNDATION

You can mail the form to:
Fisher Center for Alzheimer's Research Foundation
110 East 42nd Street, 16th Floor
New York, NY 10017
FAX TO 1-212-915-1319
PHONE 1-800-259-4636

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Donor Matching Gift Information Form

Please complete the below form and return to donations@alzinfo.org as soon as possible. We will enter the below information into our database and if by chance we do not receive the matching gift from your organization we will follow-up to ensure it is processed. Please ensure to include the contact information for the individual who manages the matching gift program at your organization.

<p>_____</p> <p>Donor Name</p> <p>_____</p> <p>Donor Name</p> <p>_____</p> <p>City State Zip</p> <p>_____</p> <p>Home Telephone Personal E-mail Address</p> <p>If stock, number of shares, name of stock, trade symbol I certify that my gift is a voluntary contribution, paid by check, credit card or in securities, and not merely pledged. I verify that these are my own resources or the resources of a Donor Fund, not the collected gifts or loans of any other person or organization (other than a Donor Fund) and this is a single gift, not an aggregation of contributions. I certify that neither my family nor I nor any Donor Fund will derive any direct or indirect financial or material benefit from this contribution and that it does not represent, in any way, a fee for a service or benefit. I have read and understand the guidelines of my organization's matching gifts program, and I certify that my gift fully complies with their provisions.</p>	<p>Active Retired Spouse</p> <p>_____</p> <p>Company Name</p> <p>_____</p> <p>Company Address</p> <p>_____</p> <p>City State Zip</p> <p>_____</p> <p>Contact Name</p> <p>_____</p> <p>Contact's Telephone Contact's E-mail Address</p> <p>If you already know your company's matching gift program please indicate how much of your donation your company will match:</p> <p>_____</p> <p>Amount</p>
<p>_____</p> <p>Donor Signature Date</p> <p>Provide your completed form with a copy of your donation acknowledgment, check, or other acceptable form of proof of donation to your organization.</p>	<p>Mail completed form, any required enclosures, and matching gift check to:</p> <p>Fisher Center for Alzheimer's Research Foundation Matching Gifts 110 East 42nd Street 16th Floor New York, NY 10017 Phone: 800-259-4636 E-Mail: donations@alzinfo.org</p>