You can mail the form to:
Fisher Center for Alzheimer's Research Foundation
FDR Station, PO Box 220
New York, NY 10150
PHONE 1-800-259-4636
LOCAL 1-212-915-1328

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

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 ☐ Credit Card ☐ Stock

Amount to Be Matched

Name of Organization Receiving Gift

Organization's City | State

Restriction or Purpose (if any)

Part B – Non-profit: Recipient Section

13 - 3859563
Employer Identification Number (EIN)

Fisher Center for Alzheimer's Research Foundation
Organization name

FDR Station, PO Box 220, New York, NY 10150
Address City/State/Zip

800-259-4636
Telephone

donations@alzinfo.org
E-mail address

www.alzinfo.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

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New York, NY 10150
PHONE 1-800-259-4636
LOCAL 1-212-915-1328

MATCHING GIFT REQUEST FORM

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.

Donor Name

Donor Name

City State Zip

Home Telephone Personal E-mail Address

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.

Donor Signature Date

Provide your completed form with a copy of your donation acknowledgment, check, or other acceptable form of proof of donation to your organization.

☐ Active ☐ Retired ☐ Spouse

Company Name

Company Address

City State Zip

Contact Name

Contact's Telephone Contact's E-mail Address

If you already know your company's matching gift program please indicate how much of your donation your company will match:

Amount

Mail completed form, any required enclosures, and matching gift check to:

Fisher Center for Alzheimer's Research Foundation
Matching Gifts
FDR Station, PO Box 220
New York, NY 10150
Phone: 800-259-4636
E-Mail: donations@alzinfo.org