

You can mail the form to:
Pumping Station: One
Matching Gifts
3519 Elston Avenue
Chicago, IL 60168
info@pumpingstationone.org

MATCHING GIFT REQUEST FORM

Matching Gift Instructions - Employer Copy - Donor Please fill out this form and get PS1 Officer to fill out Part B
Donor:

- Complete the Donor Matching Gift Information Form and return to Pumping Station: One 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 Pumping Station: One'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.

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

Amount to Be Matched

Pumping Station: One

Name of Organization Receiving Gift

Chicago

IL

Organization's City

State

Restriction or Purpose (if any)

Part B – Non-profit: Recipient Section

26-401714

Employer Identification Number (EIN)

Pumping Station: One

Organization name

3519 Elston Avenue, Chicago, IL, 60618

Address City/State/Zip

info@pumpingstationone.org

E-mail address

pumpingstationone.org

Website address

Date Gift Received

Amount of Gift

(Tax-deductible gift amount)

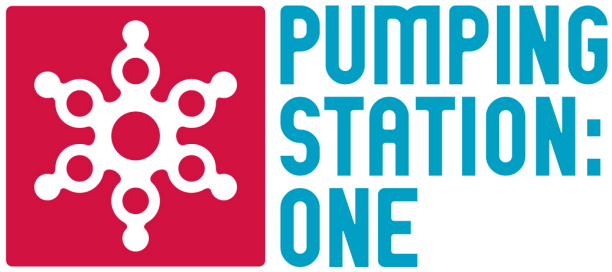
I verify receipt of the charitable gift described by the donor, and I hereby certify that this is a non-profit organization/program that meets all of the eligibility requirements to receive a matching gift, and that contributions to it are tax-deductible under Section 501(c)(3) of the Internal Revenue 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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Employer Fill Out This Form: Return filled out form with check to Pumping Station: One

Please complete the below form and return by mail to Pumping Station One with check 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.

<div>Donor Name</div> <div>Donor Address</div> <div>CityStateZip</div> <div>Home TelephonePersonal E-mail Address</div> <div><p>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></div> <div>Donor SignatureDate</div> <div><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></div>	<div><input type="checkbox"/> Active<input type="checkbox"/> Retired<input type="checkbox"/> Spouse</div> <div>Company Name</div> <div>Company Address</div> <div>CityStateZip</div> <div>Contact Name</div> <div>Contact's TelephoneContact's E-mail Address</div> <div>If you already know your company's matching gift program please indicate how much of your donation your company will match:</div> <div>Amount</div> <div>Mail completed form, any required enclosures, and matching gift check to:</div> <div><p>Pumping Station: One Matching Gifts 3519 Elston Avenue Chicago, IL 60618</p><p>E-Mail: info@pumpingstationone.org</p></div>
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