**MATCHING GIFTS PARTICIPANT APPLICATION**

**PART A:**  **To Be Completed By Participant**

PARTICIPANT INFORMATION ORGANIZATION & CONTRIBUTION INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Name: |  | Eligible Organization: |  |
| Address: |  | Amount of Contribution: | $ |
| City/State/Zip: |  | Less goods or services: | $ |
| TCE Start Date: |  | Total Contribution  (tax-deductable): | $ |
|  |  | Form of Contribution: | Cash/Check  Credit Card |

Please describe how the purpose of this contribution is consistent with The Endowment’s mission or supports a particular health-related program:

|  |
| --- |
|  |

I certify that the contribution listed above has been made in the amount and in the form indicated and that neither I nor any member of my family, nor any related third party, will benefit in any way from this contribution. I further certify that the amount given is entirely my own and is eligible to be matched according to the Program and is consistent with The Endowment’s mission *to expand access to affordable, quality healthcare for the underserved individuals and communities and to promote fundamental improvements in the health status of all Californians*.

**By typing your name in the box below, it will be considered an electronic signature which is equivalent to a written signature:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Participant's Signature |  | Date |

**1. Participant may forward signed application to eligible organization via usps along with contribution or**

**2. Participant May forward an electronically signed application to eligible organization via email with contribution**

**PART B: To be completed by Organization**

Eligible organizations must proceed with the following steps to receive Matching Gift:

1. Review and verify the information above and proceed only after contribution has been received.
2. Visit[Matching Gifts Program - Verification Application](https://www.grantrequest.com/SID_1119/Default.asp?SA=SNA&FID=35040&SESID=3885&RL=) to be directed to The Endowment’s Matching Gifts Program and click on the box for Organizations to reach the online verification application.
3. The application will guide you through the required information and will ask you to upload the Organization’s IRS Determination Letter and a list of the Board of Directors.
4. Upon receipt of the application, The Endowment will verify all information submitted and, if approved, process the Matching Gift.

For questions, please contact Erin Botto at [EBotto@calendow.org](mailto:EBotto@calendow.org) or at 1.800.449.4149 x4305