

**THE BON-TON STORES FOUNDATION**  
**MATCHING GIFT FORM**  
(For further information see Matching Gift Guidelines)

**INSTRUCTIONS:** Bon-Ton Stores, Inc. associate complete Part A, attach your contribution and forward to recipient organization. Recipient organization complete Part B and return the form to The Bon-Ton Stores Foundation for the matching gift. The minimum matching gift is \$25. The Foundation will match a maximum of \$200 per eligible associate per year. Matching Gifts are paid on a quarterly basis.

**Part A** (to be completed by the associate)

**PLEASE PRINT CLEARLY**

Your Name

Recipient of Your Gift (Name of **501c3 Organization**)

Your Home Address

Amount of Your Gift  
To Be Matched

Date of Your Gift

City, State and Zip Code

**Select one of the following that describes your gift:**  
\_\_\_\_\_ Cash, check, money order, or credit card  
made in-person or via U.S. Mail

Associate Number

\_\_\_\_\_ Online Contribution (via e-check, PayPal,  
bank transfer, or major credit card)

Your Bon-Ton Stores, Inc. Location #

**PART B** (to be completed by the recipient)

**PLEASE PRINT CLEARLY**

**On behalf of your organization, please certify by completing and signing Part B that:**

1. You have received the gift described in Part A
2. Your organization is classified as a **501c3 non-profit organization** by the Internal Revenue Service

Name and Title of Authorized Officer

Signature of Authorized Officer

Organization/Institution

Date Gift was Received

Mailing Address

Grade Levels (Secondary Schools)

City, State and Zip Code

Accrediting Agency (Education and Health Care)

Telephone Number Including Area Code

Federal EIN #

The completed form should be sent to:

The Bon-Ton Stores Foundation  
Attn: Sheri Rakvin  
2801 East Market Street, Bldg. E.  
York, PA 17402  
717-751-3091

Updated 7/6/2017