

# CSG INTERNATIONAL

## Employee Gift Matching Program Processing Form



- Complete Part A only.
- Mail all copies of this form to the eligible organization.
- The organization will fill out Part B and return the application with a **W-9 form** to the Employee Gift Matching Program Coordinator.
- You will receive a copy when the check has been sent. PLEASE PRINT OR TYPE.
- Employees must be NAR (North America Region) US based in order to be eligible.

### A. To be completed by Employee

Employee Name \_\_\_\_\_ Date of Hire \_\_\_\_\_

Office/Department \_\_\_\_\_ Stop Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Contribution for:       Education                       Other Non-Profit

Institution (check made payable to) \_\_\_\_\_ Amount of Contribution \_\_\_\_\_

I hereby certify that the above donation is entirely my personal contribution, and is not in whole or part the gift of another individual or the sum of the gifts of other individuals. I certify that the information is accurate, and contributions are not in lieu of tuition or other fees and that I have read and understand the guidelines of the CSG Employee Gift Matching Program.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### B. To be completed by Organization

Institution [501(c)(3)] (Check payable to) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

I hereby verify receipt of the above stated contribution from the above CSG employee and certify that the donation(s) represents a charitable contribution and the donor derives no material benefit (i.e. tuition, dues, credit, ticket, magazine subscription, etc.) as a result of this gift.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please fill out Part B and mail this form and a W-9 to:**

**CSG International  
Employee Gift Matching Program  
Coordinator  
9555 Maroon Circle  
Englewood, CO 80112**

### C. To be completed by Employee Gift Matching Program Coordinator

We are pleased to transmit a check in the amount of \$ \_\_\_\_\_ in accordance with CSG International Employee Gift Matching Program guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_