CSG SYSTEMS, INC.

Employee <u>Gift</u> 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 <u>W-9 form</u> 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 N	on-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	ber	
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. Please fill out Part B and mail this form and a W-9 to:		
Name	Title	CSG SYSTEMS, INC.
Signature	Date	Employee Gift Matching Program Coordinator 2525 North 117th Ave. 1-NP5B Omaha, NE 68164
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 Systems, Inc. Employee Gift Matching Program guidelines.		
Signature	Date	