

Delta Dental of Kansas Foundation
Matching Gift Application/Dollars from DDKS Participating Dentists 2014

*Instructions: Participating Dentist: By November 20, Complete Section 1 and send to the Delta Dental of Kansas Foundation, 1619 N. Waterfront Pkwy, P.O. Box 789769, Wichita, KS 67278-9769; Fax: 316-462-3372; or scan and email nwiebe@deltadentalks.com. The Foundation completes Section 2 and returns this Application to you to be submitted to the charitable organization ("Charity") with your gift. **The Charity then completes Section 3 and returns this Application to the Foundation by December 19 with a copy of your check or receipt acknowledging your gift.***

1. Donor and Gift Information

A. Donor Information:

Donor's Name: _____ Phone: _____

Home Address: _____

Email: _____ Fax: _____

B. Gift Information:

Amount of Donor's Gift: \$ _____

Form of Gift: Check Credit Card Cash

Charity's Name: _____ Charity's Phone: _____

Charity's Mailing Address: _____

I hereby certify that the information set forth above is true and correct, and I hereby authorize the Charity to report this gift to the Foundation for the purpose of qualifying for a Matching Gift. I understand that the Foundation's Matching Gift Program may be amended or terminated at any time.

(Signature)

(Date)

2. Initial Determination of Charity's Eligibility

The proposed gift described above qualifies for a Matching Gift by the Foundation in the amount of \$ _____, subject to receipt of required information.

(Signature of Foundation Representative)

(Date)

- 3. Charity's Certification.** On behalf of the Charity, I hereby certify that (i) the contribution described above was received, (ii) all Matching Gifts received by Charity from the Foundation will be used only for charitable purposes within the meaning of Section 170(c)(2) of the Internal Revenue Code, and (iii) the Charity's determination letter provided to the Foundation tax exempt status as set forth therein has not been revoked (and is not under examination). **Deadline: December 19, 2014.**

(Name and address of Charity)

On _____ from _____
(Date of receipt) (Name of Donor)

(Signature of Charity's financial officer)

(Date)

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Summary of Matching Gifts Program

Effective for gifts made after August 1, 2008, the Foundation's Matching Gifts Program will allow "participating dentists" as defined below ("Donors") to make charitable contributions to eligible charitable organizations ("Charities") which the Foundation will then match with an equal amount, subject to certain limits. This Program allows you to provide additional support to Charities reflecting your personal interests. The Foundation will make Matching Gifts of up to \$100.00 per calendar year per Donor (see number 2 for details). **All Matching Gifts must be approved in advance of the Donor's contribution (see number 4 below regarding a list of pre-approved Charities).**

The Program's "4-Point Test"

Your gift is eligible for a Matching Gift from the Foundation where you: 1) are an eligible Donor, 2) making an eligible gift, 3) to an eligible Charity, 4) for an eligible purpose.

1. Who Are Eligible Donors?

Eligible Donors are persons who constitute Delta Dental of Kansas, Inc. ("DDKS") "participating dentists."

2. How Do I Start the Matching Gift Process?

To initiate the Matching Gift process, the Donor must complete the **first** section of the Matching Gift Application and then return the Application to the Foundation. The Foundation will determine whether the donation meets the Program guidelines. The Donor will be advised whether the donation will be matched by the Foundation, and if the donation is eligible, the Foundation will sign the **second** section of the Application and return it to the Donor. **The Donor will then make the donation and send the signed Application along with it.** Upon receiving the Donor's cash gift and the Application, the Charity must then complete the **third** section of the Application and return it to the Foundation (along with a photocopy of the donation, or other applicable substantiation information).

3. What are the 3 types of Eligible Gifts?

In all cases, a Donor's gift must be a "charitable contribution" under the IRS rules, meaning that neither the Donor, nor Donor's family, can receive any benefit or gift in return. An eligible gift is a cash gift, and not a gift of securities or other property. While "cash gifts" will generally be made by cash or check, credit cards may also be used. Eligibility for a Matching Gift is limited to donations made by the Donor (and approved by the Foundation) while the Donor is a DDKS participating dentist. The minimum eligible gift is \$25 and the maximum eligible gift is \$100.

4. What are Some Examples of Ineligible Types of Gifts?

Examples of Ineligible Gifts include:

- Gifts made by or through Community Trusts or similar organizations, including Charitable Remainder Trusts, Donor Advised Funds, Family Foundations, or the United Way.
- Contributions resulting in substantial personal benefits, including memberships, alumni dues, subscriptions or tickets to events or dinners.
- Gifts of real or personal property.
- Gifts to religious, political or fraternal organizations.
- Bequests, and payments of insurance premiums.
- The total sum raised by Donors participating in a fundraising event (walkathon, bike ride, etc.) However, personal donations of \$25 or more made by a Donor may be matched.
- Cumulative gifts from several individuals reported as one contribution.
- Gifts to private foundations or any organization that does not further the Foundation's mission.

Matching Gifts cannot be used to satisfy any personal obligation of the Donor, including charitable pledges made by the Donor.

5. What are Eligible Charities?

The Foundation will only make Matching Gifts to Section 501(c)(3) public charities (and certain governmental entities such as health departments) that further the Foundation's mission to improve the oral health of Kansans through programs that emphasize prevention, have significant and/or large impact, and offer sustainable solutions.

Generally, any charitable organization to which the Foundation has previously made a grant will qualify. The determination of whether a Charity is eligible will be made by the Foundation's Executive Committee in its sole discretion. For a "pre-approved" list of charities ("List"), please visit the Foundation web site:

<http://www.deltadentalksfoundation.org/HowWeHelp/GrantPrograms/MatchingGiftProgram/>.

6. What are Eligible Purposes?

The Foundation is subject to a number of legal restrictions on the types of purposes or activities that it can support. While unrestricted contributions to Section 501(c)(3) public charities and certain governmental entities are generally acceptable, the Foundation may limit its Matching Gifts under certain circumstances to comply with its policies, mission, and/or the law.

7. When are Matching Gifts Paid?

Submit an Application to the foundation by **November 20, 2014** and all supporting information from the charity by **December 19, 2014**, to qualify for the 2014 match payment. The payment will be made by December 31, 2014.

The Foundation may amend or terminate this Program at anytime. The terms and conditions of this Program, and how it is administered, will be interpreted by the Foundation at its sole discretion.

Questions? Contact **Nancy Wiebe, Executive Director, Delta Dental of Kansas Foundation, 316-462-3372, nwiebe@deltadentalks.com**