

# Fidelity Foundation Matching Gifts to Education Form

Part I: To be filled out by Fidelity Employee

Part II: To be filled out by Educational Institution

## **Employee Instructions:**

- Complete and sign Part 1 of this form—one for each gift.
- Send this form and a copy of the Program Guidelines with your contribution to the recipient organization.
- Note: Gifts will not be matched if this form is submitted more than 12 months after the date of the gift.
- Review the Program Guidelines and note that organizations which are described as public charities under Section 509(a)(3) of the Internal Revenue Code ("supporting organizations") are not eligible for Matching Gift consideration.

## **Recipient Organization Instructions:**

- Complete all fields, sign, and return to the address below.
- Required: Attach a copy of the donor's check, credit card receipt, or security gift details. Note: A copy of the receipt sent to the employee is not an acceptable proof of payment.
- If you have not received a gift from Fidelity Investments in the past year, please attach copies of:
  - Your IRS Letter of Determination certifying tax-exempt status, or (if parochial school) diocese directory listing and
- Your **certificate of accreditation** (if an educational institution)

| A. Employe | e Information |
|------------|---------------|
|------------|---------------|

| Employee Badge ID Number REQUIRED Phone Number  Home Address   | A. Employee information                        |                |                 |
|--|--|----------------|-----------------|
| Employee Badge ID Number REQUIRED Phone Number  A Home Address | First Name                                     |                |                 |
| Employee Badge ID Number REQUIRED Phone Number  A Home Address |  |                |                 |
| Employee Badge ID Number REQUIRED Phone Number  A Home Address |  |                |                 |
| A Home Address   | Last Name                                      |                |                 |
| A Home Address   |  |                |                 |
| A Home Address   |  |                |                 |
| Home Address   | Employee Badge ID Number REQUIRED Phone Number |                |                 |
| Home Address   |  |                |                 |
|  | A  |                |                 |
| City State/Province ZIP/Postal Code                            | Home Address                                   |                |                 |
| City State/Province ZIP/Postal Code                            |  |                |                 |
| City State/Province ZIP/Postal Code                            |  |                |                 |
|  | City   | State/Province | ZIP/Postal Code |
|  | •  |                |                 |
|  |  |                |                 |
|  |  |                | 1               |

#### A. Educational Institution Information

| A. Educational institution info |      | •••              |                 |
|---------------------------------|------|------------------|-----------------|
| Name of Educational Institution |      |                  |                 |
|                                 |      |                  |                 |
|                                 |      |                  |                 |
| Federal Tax ID Number           | Name | of Accrediting O | rganization     |
|                                 |      |                  |                 |
|                                 |      |                  |                 |
| Address                         |      |                  |                 |
|                                 |      |                  |                 |
|                                 |      |                  |                 |
| Address                         |      |                  |                 |
|                                 |      |                  |                 |
|                                 |      | I                | I               |
| City                            |      | State/Province   | ZIP/Postal Code |
|                                 |      |                  |                 |
|                                 |      |                  |                 |
| Phone Number                    | E    | xtension         |                 |
|                                 |      |                  |                 |
| Email Address                   |      |                  |                 |
|                                 |      |                  |                 |
|                                 |      |                  |                 |
| P Gift Information              |      |                  |                 |

#### **B. Gift Information**

| Name of Educational Institution |                         |
|---------------------------------|-------------------------|
|                                 |                         |
|                                 |                         |
| Amount of Gift \$50 minimum     | Date of Gift MM DD YYYY |
| \$         .                    |                         |

# C. Signature

By signing below, you:

- Attest that the information presented above is accurate and verify that you have read and understood the policies of the Fidelity Foundation Matching Gifts to Education program.
- Attest that this contribution was funded solely by you (or by your spouse from a joint account) and did not consist of funds contributed directly or indirectly by any other person.
- Attest that no goods or services were provided in exchange for any part of your gift.

### Gift Information

| Tax-Deductible An | mount of Gift \$50 minimu | n Date Gift Re | ceived MM DE | YYYY |  |
|-------------------|---------------------------|----------------|--------------|------|--|
| \$                |                           |                |              |      |  |

#### C. Signature

By signing below, you:

- Attest that the information presented above is accurate.
- Attest that no goods or services were provided in exchange for any part of the gift.
- ☐ I have enclosed the certificate of accreditation, IRS Letter of Determination, and confirmation of the employee's donation. If applicable. See instructions above.

| Name and Title Please Print               |                 |
|---|-----------------|
|   |                 |
| Off. There is a second                    | D               |
| Officer of Institution Signature REQUIRED | Date MM DD YYYY |
| SIGN                                      |                 |

Mail completed form and required attachments to: Fidelity Foundation Matching Gifts to Education Program P.O. Box 770001 Cincinnati, OH 45277-0052

OR Fax to: 1-877-665-4274

NOTE: Forms sent without the required information or documentation will NOT be processed. (485210.3.0)

Employee Signature REQUIRED

1.848619.105 018380101

Date MM DD YYYY