

GEICO ASSOCIATE MATCHING CHARITABLE CONTRIBUTION REQUEST
Do NOT use below form for EDUCATIONAL donation match requests to colleges/universities

Instructions:

1. Complete the top portion of this form entirely and enclose it with your contribution check (and a copy of the electronic receipt if you made an online donation) to the organization.
2. The approved organization will verify your contributions on this original form, at the bottom, then return this form the GEICO Philanthropic Foundation Administrator.
3. To confirm that the match was made, please contact the organization in the following month that you made the donation.

Qualifying Criteria:

1. The Organization must be a GEICO Philanthropic Foundation approved 501c3 IRS designated organization, not political, does not have a religious purpose; and does not provide goods or services for the contribution.
2. Matching gift requests for runs, walks, rides, or any fundraising event where there is an enrollment/participant fee or required fundraising amount will not be met until proof of paid fees and funds raised is verified by the organization receiving the match.
3. ONLY original forms, signed by GEICO associates, will be matched. No photocopies or faxed forms will be matched.
4. The maximum matching amount for contributions made in a calendar year per associate is \$1,000.00 (as of 1/1/14). Minimum contribution to match is \$15.00.

GEICO ASSOCIATE DONOR – I request that the GEICO Philanthropic Foundation match my personal contribution to the following charitable organization as defined above:

Organization Name: _____ Team: _____
(No Acronyms) (If Applicable)

Organization's Address: _____
(Street) (City) (State) (Zip)

Contribution Date: _____ Amount: \$ _____ Associate # _____ Region _____
(\$15.00 Minimum)

Associate Name: _____ Signature: _____

Associate Address: _____
(Street) (City) (State) (Zip) (Work Phone)

RECEIVING ORGANIZATION – Please certify donation receipt below from the above donor.

The gift described above was made by _____ In the amount of _____
(Name of GEICO associate donor)

Amount Received \$ _____ Date Received: _____

Representative Name/Title _____ Signature _____

Phone _____ Email _____ Street _____

Return this original form to:
By November 30th for match
in same year as donation.

Cheryl P. Ibanez
GEICO Philanthropic Foundation Administrator
5260 Western Avenue, Chevy Chase, MD 20815

GPF ADMIN APPROVAL:

AMOUNT: \$

NOTE: