



# Matching Gifts

MACY'S, INC.

**Please be sure to sign your form. Unsigned applications cannot be processed.**

## Step 1 — To be completed by associate, retiree, or director

When completed, send to the institution with your contribution.

Donor's Name: \_\_\_\_\_  
(Please print or type)

Associate ID: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Date of Gift: \_\_\_\_\_ Gift Amount: \$ \_\_\_\_\_  
(\$25 minimum contribution)

Were any goods or services received in conjunction with this gift?

( ) No ( ) Yes If yes, please indicate value: \$ \_\_\_\_\_

Check one: ( ) Employee of

\_\_\_\_\_ (division name) \_\_\_\_\_ (date of hire – must be  
minimum of one-year service)

( ) Retired from \_\_\_\_\_ (division name) \_\_\_\_\_ (last date of service)

( ) Director or Retired Director

Recipient: \_\_\_\_\_  
(organization/institution receiving gift)

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Category: ( ) Arts and Culture ( ) Disaster Relief  
( ) Education ( ) Hunger Relief  
( ) Bag Hunger

I certify that this information is correct and that my gift fully complies with all program guidelines. I further certify that this contribution was made entirely from my personal funds and that I have not been nor will be reimbursed by anyone for this contribution. I understand that proof of my contribution may be required. I authorize the named institution to apply for a matching gift.

Signature: \_\_\_\_\_

**Your signature is required. Unsigned forms cannot be processed.**

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

## Step 2 — To be completed and returned by the recipient institution. (See address below.)

To the recipient: If this application is not signed by the associate in Step 1 (at left), we will be unable to process it. If you have any questions, please feel free to contact the Matching Gifts Administrator at 1-800-838-2063 or MatchingGifts@macys.com.

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
(Address)

(City) (State) (Zip)

Employer Identification Number (EIN): \_\_\_\_\_

Please indicate the name under which your tax exemption was received if other than organization name stated above:

Date of Gift: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

Amount of Tax-deductible Gift: \$ \_\_\_\_\_

(This should reflect the amount of the contribution minus the value of any goods or services received. A minimum of \$25 is required.)

**Special note for after school programs, early childhood education centers, and adult literacy organizations:** Does at least 75% of your organization's total operating budget go specifically to after school, early childhood, or adult literacy? **Please check:** ( ) Yes ( ) No

I certify that the above indicated gift has been received and it is not in payment of tuition, books, membership dues, subscription fees, alumni dues, tickets to events, insurance premiums or similar items for which something of value is received in return and that Matching Gift funds will not be used for any such payment. I also certify that the above named organization is not a private foundation and is not classified as a 509(a)(3) public charity.

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Mail completed form to: Matching Gifts Program  
Macy's, Inc.  
7 West Seventh Street  
Cincinnati, OH 45202