

The Meadows Foundation • Matching Grants Program • OUT-OF-STATE

Donor should complete **Part A** and send this form with his or her contribution and mail to the out-of-state recipient organization (select only those organizations qualified as 501(c)(3) entities and others who would qualify for a Foundation grant under applicable legal rules and current Foundation practices).

NOTE: Please remember that (a) only the tax deductible portion of a contribution may be matched, and (b) the tax deductible portion may be any amount to qualify for a matching grant. Generally, matching contributions will be paid monthly.

PART A: to be completed by donor

☐ Check box if donor wishes to be anonymous. Date of Gift: _____ Gift Amount: \$ _____

Donor Name _____ Signature _____
(PLEASE PRINT)

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Out-of-state agency _____

Address _____

City _____ State _____ Zip _____

My gift is in ☐ honor of ☐ memory of _____

Designated Texas Agency _____

(Contact the Matching Grants Administrator at ccase@mfi.org or (214) 860-8123 to obtain a suggested list of qualified Texas agencies.)

Address _____

City _____ State _____ Zip _____

PART B: to be completed by out of state recipient agency

The Foundation's charter restricts our grantmaking to qualified Texas agencies. However, donations to an out-of-state agency will be matched by the Foundation and sent to a qualified Texas agency. To help us complete the process, please complete and fax to (214) 827-7042 or mail to:

THE MEADOWS FOUNDATION • CYNTHIA CASS, MATCHING GRANTS ADMINISTRATOR
3003 SWISS AVENUE • DALLAS, TEXAS 75204

Upon receipt, we will send the designated Texas agency its match!

- EIN # (Employer Identification Number) _____
- Total gift \$ _____ Less non-tax deductible portion \$ _____ Amount to be matched \$ _____

I certify that the above-indicated gift has been received, and it will be used to support the primary objectives of the organization, which is classified as a tax-exempt organization under section 501(c)(3) of the U.S. Internal Revenue Code, or is a governmental entity or agency, and the donor received no goods, services or other quid pro quo as defined in the relevant IRS rules and regulations.

- Name (please print) _____ Title _____
- Authorized signature _____ Date: _____
- Send a receipt of gift to the donor listed above.

for Meadows Foundation use only **Date received:** _____ **Date recorded:** _____

EIN # (Fed. Tax ID) verified: _____ **SMU: Date of Gift:** _____ **Eligible \$2/\$1:** _____ **Match Amt:** _____