

Palo Alto Medical Foundation Matching Gifts Form

INSTRUCTIONS

Employee:

- All exempt and non-exempt employees of PAMF are eligible to participate in the Matching Gifts Program. Palo Alto Foundation Medical Group (PAFMG) physicians are not eligible. Refer to the entire policy on the intranet, before submitting this form.
- After completing Section A of this form, submit form to recipient organization to complete Sections B and C.
- Once all sections are complete and sent back to PAMF, the matching gift will be processed and sent directly to the organization. A minimum amount of \$50 and a maximum amount of \$500 per employee will be matched annually. Incomplete forms will not be processed.

Recipient Organization:

- Verify receipt of gift from employee, complete Section B, and sign Section C.
- If this is your first donation from the Palo Alto Medical Foundation (PAMF), you must enclose a completed W-9 form.
- Forward completed form(s) to the fax number/address printed at the bottom of the page. Incomplete forms will not be processed.

Criteria:

- Recipient organization must have a health-related mission, and must have local or regional focus in PAMF's service areas.
- Recipient organization must be recognized by the Internal Revenue Service (IRS) as tax-exempt and designated a public charity under Section 501[c][3] of the IRS Code.
- PAMF will only match personal contributions made directly by the employee to qualifying organizations, and will not match money raised by an employee (for example, cumulative gifts from several individuals reported as one contribution).
- Filling out this matching gifts form does NOT guarantee funding. PAMF will not consider matching gift forms from the following types of organizations or for the following activities (additional restrictions may apply): alumni groups, universities, individual schools, PTAs, boosters and parent clubs, sponsorship of individual sport teams or athletic programs, subscription fees for publications, or donations to religious events and political campaigns.

SECTION A - EMPLOYEE SECTION

NAME _____

E-MAIL ADDRESS _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

BUSINESS TELEPHONE, INCLUDING AREA CODE _____

PAMF DEPARTMENT AND TITLE _____

AMOUNT OF MATCHING GIFT _____ DATE OF GIFT _____

**I have read & understood the requirements of
PAMF's Matching Gifts Program.**

EMPLOYEE SIGNATURE _____ DATE _____

Mail or Fax Completed Form and W9 to:

MAIL: Palo Alto Medical Foundation
Attn: Robela M. Cruz, Matching Gifts Program
2350 W. El Camino Real, 6th FL
Mountain View, CA 94040

FAX: (650) 691-6218

SECTION B - RECIPIENT SECTION

NOT-FOR-PROFIT ORGANIZATION NAME (required) _____

ADDRESS (required) _____

CITY/STATE/ZIP _____

TELEPHONE, INCLUDING AREA CODE (required) _____

FAX, INCLUDING AREA CODE _____

E-MAIL ADDRESS (required) _____

WEB SITE ADDRESS _____

AMOUNT OF GIFT BY EMPLOYEE (MIN \$50 / MAX \$500 WILL BE MATCHED) _____

SECTION C - RECIPIENT SECTION

**I hereby certify that this organization/event meets the eligibility
requirements of PAMF's Matching Gifts Program.**

AUTHORIZED OFFICER'S NAME/TITLE (PLEASE PRINT) _____

SIGNATURE OF AUTHORIZED OFFICER _____ DATE _____