



Matching Charitable Gift Application

Please print or type all data

Part A – Employee

Please Complete Part A and mail this application with your contribution directly to the charity.

Employee Name

Phone

Email Address

Amount of Gift

Date of Gift

Name of Charity

City/State

Program Designation (if any)

Certification – I certify that my gift is a voluntary charitable contribution. I verify that these are my own resources and not the gifts or loans of any other person or organization. My gift does not, in any way, represent tuition or an offset against tuitions, and this gift is not made in return for or

expectation of any monetary or other benefit for me, or for any person or organization named by me. In addition, my gift will not be used for political purposes, or to fulfill a political commitment.

Employee Signature

Date

Part B – Charity

Please complete Part B and return to the address indicated below.

Verification – I verify receipt of the gift described above in the amount of or value of

\$ _____

of which the tax deductible gift amount is

\$ _____

and certify that this institution/organization is a nonprofit public charity, and that contributions to it are tax

deductible under Sections 501 (c) (3) and 170 (b) of the Internal Revenue Code of the United States. Moreover, this institution/organization is not a private foundation as defined in Section 509 (a) of the Internal Revenue Code, nor does it discriminate on the basis of race, sex, color, or creed. This gift does not, in any way, represent tuition or an offset against tuition, and this gift is not made in return for or expectation of any monetary or other benefit.

Certifying Officer's signature

Tax exempt ID#

Certifying Officer's name (print)

Title

Date

Name of Charity

Email Address

Address of Charity

City Code

State

Zip

Phone

Fax

Email Address

Web Site Address

Perry Capital, LLC - 767 Fifth Avenue - New York, NY 10153

TELEPHONE: 212.583.4000 - FACSIMILE: 212.583.4040 - EMAIL: accountspayable@perrycap.com