



Employee Matching Funds Form

Part A - To Be Completed By PHL Y Employee

Name: _____
Address: _____
Address (2): _____
City: _____
State: _____ ZIP: _____
Phone: _____
E-mail Address: _____
PHLY Office City: _____
Signature: _____

Charity Name: _____
Address: _____
Address (2): _____
City: _____
State: _____ ZIP: _____
Country: _____
Phone: _____
Amount Donated (minimum \$25.00): \$ _____
Cash: _____ Check: _____ Credit Card: _____
Date of donation: _____
Requested Match Amount: \$ _____

☐ I certify that my gift is a voluntary charitable contribution, made from my own personal resources and not from gifts or loans from any other person or organization. In addition, as a charitable contribution, my gift does not represent in any way payment for tuition, membership dues, subscription fees, or payment in exchange for benefits received, nor is it given because I expect some monetary or other benefit to be given to me or to any other person or organization named by me. In addition, my gift should not be used for religious or political purposes.

Part B - To Be Completed By Charitable Organization

Name of Organization*: _____
Contact: _____
Title: _____
E-mail: _____
Phone: _____
Federal Tax ID: _____

Address: _____
Address (2): _____
City: _____
State: _____ ZIP: _____
Country: _____
Tax Deductible Portion of Gift _____
(Must be minimum of \$25)

*Name should be who donation is made payable to.

Charitable organizations requesting match for the first time from PHL Y must attach:

- 1.) 501(c)(3) tax ruling letter 2.) Current 990 tax filing or financial statement 3.) Other materials describing charitable mission.

I confirm that the above gift was received and that this organization is tax exempt under 501(c)(3) of the US Internal Revenue Code. I further confirm that no direct, tangible benefit will accrue to the donor, to any member of their family, or to any third party as a result of this gift and it will be used to support the charitable objectives of the organization.

Signature of Authorized Representative: _____

Title of Representative: _____

Return this signed form (no copies will be accepted) and supporting materials to:
Philadelphia Insurance Companies
Attn. Human Resources
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

Questions please contact: teamphly@phly.com