Terumo BCT Associate Matching Gift Program Request Form

INSTRUCTIONS

Associate Donor:

- Complete Part 1 of this form—one for each gift. Please print or type.
- Send the form with your contribution to the recipient organization.

Recipient Organization:

- Verify receipt of gift.
- Complete Part 2 of this form. Please print or type.
- If this is your first matching gift request to the Terumo BCT Matching Gift Program, enclose a copy of your Internal Revenue Service 501(c)(3) IRS determination letter and a brief description of your organization's primary purpose.
- Forward form to the address printed in part 2.

PART 1 – DONOR SECTION

ASSOCIATE ID NUMBER: _____ ASSOCIATE NAME: _____

WORK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS TELEPHONE: _____ E-MAIL ADDRESS: _____

EXACT DATE OF GIFT: _____ AMOUNT OF GIFT (MIN $25): $_____

TYPE OF GIFT: PLEASE CHECK ONE: Cash__ Check__ Credit Card__

NAME OF RECIPIENT ORGANIZATION: _____

CITY: _____ STATE: _____

DESIGNATION OR PURPOSE (IF ANY):

I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution. I certify that this contribution does not represent payment for tuition, services or other personal financial obligations. I certify that this total is my own personal contribution only and not the result of a third party or group donation. I further certify this contribution is not in support of a private fund, foundation, facility or scholarship. I have read and understood the guidelines of the Terumo BCT Matching Gift Program.

Associate Signature: DATE:

PART 2 - RECIPIENT SECTION

EMPLOYER IDENTIFICATION NUMBER (EIN):

I hereby certify that this organization/program meets the eligibility requirements of the Terumo BCT Matching Gift Program, and that neither the donor nor Terumo BCT will derive any personal material benefit from this gift or match.

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

SIGNATURE OF AUTHORIZED OFFICE:_____ DATE: _____

NAME OF ASSOCIATE DONOR:_____

AMOUNT OF GIFT: $_____ TAX-DEDUCTIBLE GIFT AMOUNT: $_____

Email a completed form to charitable.giving@terumobct.com.