

MATCHING GIFTS GUIDELINES

The purpose of the Matching Gift Program is to encourage Associates to support the community by giving gifts to a non-profit charitable organization with added help from The Children's Place.

Eligible Individuals:

- Full Time and Regular Part Time Associates who have completed six months of service

Eligible Organizations:

- Charitable Organizations who are recognized as tax exempt non-profit organization as defined under Section 501 (c)(3) of the Internal Revenue Code or registered with the Canada Customs and Revenue Agency (CCRA) and have Full Time paid and professional management.

The following organizations are not eligible:

- Religious organizations where the sole purpose or primary purpose of the organization is the operation of a church, synagogue, or other place of religious worship at which non-profit religious services and activities are conducted. Such an organization includes, without limitation, an integrated or affiliate of the organization, men's, women's or youth groups established by the organization, a school or mission society operated by the organization, an organization of local units of a church, and a convention or association of churches.
- Political organizations in support of or advocacy of any political principle, the defeat or passage of any state or federal legislation, or political campaign.
- Individuals or organizations that are established for the sole purpose of benefitting one individual or an individuals' family. This does not include agencies that support individuals.
- Individual academic or extracurricular sponsorships or scholarships

Eligible Gifts:

- Personal contributions actually paid, not merely pledged, to the eligible organization in support of its primary objective
- Minimum amount gifts eligible for match is \$25. If you do not wish to have your gift matched in full, please specify the amount you wish to have matched.
- Maximum amount of gifts per associate that will be matched per calendar year is \$10,000.

How to Apply:

- Complete Part 1 of the Financial Contributions Form and send the form to the charitable organization

Note(s):

- Incomplete form or forms that do not qualify will be returned to the donor.
- Part 2 must be completed and signed by an authorized officer of the eligible organization.
- The following MUST be returned with the Financial Contributions Form to receive approval/payment:
 - A copy of the organization 501(c) (3) determination letter from the United States Treasury/Internal Revenue Service or a copy of the registration letter from the Canada Customs and Revenue Agency (CCRA)
 - W9 Form

Please return form to: The Children's Place Attn: Benefits / Matching Gifts 500 Plaza Drive Secaucus, New Jersey 07094

MATCHING GIFTS PROGRAM

Note: The Children's Place must receive this form within six months of gift.

PART 1 - TO BE COMPLETED BY ASSOCIATE (PRINT OR TYPE)

Donors Name: _____

Associate ID #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Name of Organization Gift Is Made To: _____

City: _____ State: _____ Zip Code: _____

Date of Gift: _____ Amt. of Gift: (\$25. minimum) \$ _____

Amt. To Be Matched: \$ _____

Form of Gift: (select one) Check Credit Card Money Order EFT Securities

If you selected Securities: #of shares _____ Title of Securities _____
Value \$ _____

I certify that the above donation is entirely my personal contribution and is not the gift in part or in whole of another individual or group of individuals. I have read and understand the guidelines.

Donor's Signature: _____

Date: _____

**PLEASE FORWARD FORM TO CHARITABLE ORGANIZATION FOR
CERTIFICATION OF GIFT**

MATCHING GIFTS PROGRAM

PART 2 - To be completed by CHARITABLE ORGANIZATION (Print or Type)

The following MUST be attached for approval/payment:

- A copy of the organization 501 (c) (3) determination letter from the US Department of the Treasury/Internal Revenue Service or registration letter from the Canada Customs and Revenue Agency
- W9 Form (U.S. Only)

Name of Organization: _____

Please check the following country of origin: US Canada

Mailing Address: _____

City: _____ State/Province: _____

ZIP or Postal Code: _____

Is this a new address? (select one) 0 YES 0 NO

Telephone Number: _____

Employer Identification Number: _____

What is the mission of your organization? _____

I certify that the above gift has been received and that the amount of gift be matched represents a charitable contribution from which the donor derived no material benefit (e.g. tuition, tickets, magazine subscriptions, etc.) as a result of this gift and that it will be used to support the objectives of this organization.

Signature of Authorized Officer: _____

Print or Type Name of Officer: _____

Date: _____

Please return form to: **The Children's Place Attn: Benefits / Matching Gifts**
500 Plaza Drive Secaucus, NJ 07094-2409