



W.K.
KELLOGG
FOUNDATION

Matching Gift Program

(includes 2017 disaster relief or other restrictions as indicated below)

PART A (DONOR) To be completed by eligible donor. *Print legibly or type.*

1. Name of Charity _____
Mailing address _____

2. Gift date _____ Total amount gifted \$ _____ ☐ Check # _____ ☐ Cash ☐ Credit Card
Description of security _____ Name of Company _____
Face amount of bond or numbers of shares _____

3. Did you receive goods or services? ☐ No ☐ Yes, indicate value \$ _____

4. Donation: ☐ Unrestricted ☐ Restricted (choose one or more below)
☐ Hurricane Harvey (5:1 match) ☐ Hurricane Irma (5:1 match) ☐ Hurricane Maria (5:1 match)
☐ Mexico Earthquake (5:1 match) ☐ Other-specify restriction (2:1 match) _____

5. Disclose whether the donor or any member of donor's immediate family (spouse, children and spouses, stepchildren and spouses, grandchildren and spouses, great-grandchildren and spouses, and parents) is a director, trustee, officer or employee of the public charity.
☐ No Affiliation ☐ Affiliation Name and relationship to donor: _____

I certify that: (i) I have not solicited or accepted funds from any person, except another WKKF employee, retiree or trustee, for the purpose of obtaining a matching gift from WKKF; (ii) this contribution is entirely my personal contribution and is not in part or in whole the gift of another person(s) made through me, other than from an eligible donor; (iii) I, nor any of my immediate family, have not been, nor will be, reimbursed by any person or organization for my contribution; and (iv) the information in Part A of this form is accurate and complete and my contribution complies with the WKKF Matching Gift Program rules.

Print Donor Name _____ Signature _____
Date _____ Phone _____ Email Address _____

FORMS MUST BE RECEIVED BY WKKF WITHIN 15 MONTHS OF THE GIFT DATE IN PART A

PART B (CHARITY) To be completed by organization receiving the gift. *Print legibly or type.*

The W.K. Kellogg Foundation will match two dollars for each dollar of the donor's qualified gift.
Gifts made between Aug. 26, 2017 – Feb. 28, 2018 restricted to Hurricane Harvey, Hurricane Irma, Hurricane Maria and/or Mexico Earthquakes relief efforts will be matched 5:1.

1. Public charity receiving contribution
Legal/Tax Name _____ Date gift received _____
Address _____ Total gift received: \$ _____
City, State, Zip _____ Tax deductible gift: \$ _____
(If different from above)
Federal Identification Number (EIN) _____

2. Have you previously received a matching gift from the W.K. Kellogg Foundation?
☐ Yes ☐ No, public charities must attach IRS determination letter; schools, churches, and governmental agencies must submit governing documents in lieu of IRS letter. Failure to do so will result in delay of payment.

3. I, in my financial capacity, certify the above organization is a public charity under IRC Section 501(c)(3), 509(a)(1), (2), or (3) (Type I, II, or III functionally integrated); governmental unit; or the equivalent if located outside the United States. I agree to provide additional financial information upon request for purposes of further qualification or audit. My signature also acknowledges receipt of this contribution described in Part A. If affiliation is listed above, I certify no benefit was provided to the donor or their immediate family.

Financial Officer or Designee Signature _____ Date _____
Print Name and Title _____
E-mail _____ Phone _____

4. E-mail completed forms to matchinggifts@wkkf.org or Mail completed forms to : W.K. Kellogg Foundation
Matching Gifts
One Michigan Avenue East
Battle Creek, MI 49017-4012

For questions e-mail: matchinggifts@wkkf.org or
call Grant Services @ 269-969-2330