



MATCHING GIFTS REQUEST FORM

Donations must be made between Monday, August 15, 2016
and Wednesday, November 23, 2016.

The member's signature authorizes the recipient organization to report this gift to Charter Oak Federal Credit Union to apply for a Matching Gift. The countersignature by the authorized officer of the organization confirms receipt of the described gift.

PART 1 DONOR SECTION: DONOR FILLS IN THIS SECTION

Member's Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell Phone: _____ Date of Gift: _____ Amount of Gift: _____

I hereby certify that the above donation is entirely my personal contribution, and that it is not in whole or in part the gift of another individual, the sum of the gifts of other individuals, or the gift of any group or organization. I also certify that this gift is solely for the use of the organization named and that neither I, nor any member of my family, nor any related third party, will receive any direct or tangible benefit from this gift. I also certify that I've read and complied with the program guidelines.

Signature _____ Date _____

*****DONOR: PLEASE PRINT FORM AND MAIL TO THE CHARITY.*****

PART 2 RECIPIENT SECTION: CHARITABLE ORGANIZATION FILLS IN THIS SECTION

If your organization has not previously participated in Charter Oak Federal Credit Union's Matching Gifts Program, please include a copy of your 501(c)(3) Federal Tax Exempt Letter from the IRS along with your organization's mission statement.

Our tax exempt letter is enclosed.

Officer Authorized to Sign: _____

Title: _____

Organization's Name (As listed on 501(c)(3) determination letter or equivalent.):

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone/Cell Phone: _____

Amount of Gift: _____ Tax Deductible Portion of Gift: _____ Federal Tax ID: _____

I confirm the above gift was received and this organization is tax exempt under section 501(c)(3) of the U.S. Internal Revenue Code. I further confirm that no direct, tangible benefit will accrue to the donor, to any member of their family, nor to any related third party as a result of this gift and it will be used to support the charitable objectives of the organization.

Signature of Authorized Officer _____ Date _____

**MAIL COMPLETED FORM TO: Charter Oak Federal Credit Union | Marketing MGP
1055 Hartford Turnpike | Waterford, CT 06385
EMAIL COMPLETED FORM TO: MatchingGifts@cofcu.com PHONE: 860.446.3238**