



Maurice Cares
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MAURICE CARES MATCHING GIFT PROGRAM

PART 1 – TO BE COMPLETED BY ASSOCIATE AND THEN FORWARDED TO NONROFIT ORGANIZATION WITH CONTRIBUTION

EMPLOYEE NAME	PHONE
HOME ADDRESS	BRANCH LOCATION
CONTRIBUTION AMOUNT	DATE OF CONTRIBUTION
DO YOU OR ANY MEMBER(S) OF YOUR IMMEDIATE FAMILY HAVE A RELATIONSHIP OR ASSOCIATION WITH THE CHARITY RECEIVING YOUR CONTRIBUTION? IF SO, DESCRIBE THE NATURE OF THE RELATIONSHIP:	
<i>I certify that the information submitted is correct and represents my personal contribution under the provisions of the program:</i>	
EMPLOYEE SIGNATURE	DATE

PART 2 – TO BE COMPLETED BY A RESPONSIBLE FINANCIAL OFFICER OF THE RECIPIENT ORGANIZATION

COMPLETE NAME OF INSTITUTION OR ORGANIZATION	PHONE
NAME OF FUND OR DESIGNATION, IF ANY	
ADDRESS TO WHERE PAYMENTS ARE ACCEPTED	
<p>TO BE COMPLETED BY INSTITUTION/ORGANIZATION AND RETURNED TO MAURICE CARES. ATTACH A COPY OF THE DONOR'S CHECK OR A RECEIPT SHOWING THE EXACT AMOUNT AND DATE OF THE CONTRIBUTION, AS WELL AS A COPY OF YOUR 501(c)(3) STATUS IF YOU HAVE NOT PREVIOUSLY SUPPLIED ONE. FAILURE TO PROVIDE THE NECESSARY DOCUMENTATION WILL RESULT IN THE FORM BEING RETURNED TO YOU, WHICH WILL DELAY YOU RECEIVING THE MATCH.</p> <p>PLEASE RECORD WHETHER THE DONOR RECEIVED A BENEFIT BASED ON THE CASH-VALUE OF AN ITEM OR IN-KIND CONTRIBUTION (FOR EXAMPLE: CDs, MUG, T-SHIRT, DVDs, MAGAZINE SUBSCRIPTIONS, GIFTS, PLACE AT A GALA DINNER, OR ANY OTHER AMENITIES THAT HAVE CASH VALUE).</p>	
BENEFIT	CASH VALUE
<i>I confirm receipt of the above stated gift and certify such gift will be transferred to payee.</i>	
AUTHORIZED SIGNATURE	TITLE
PRINTED NAME OF AUTHORIZED SIGNER	DATE