

Matching Gift Program - Part 1 – Donor Section

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Work Phone: _____

Exact Date of Gift: _____

Type of gift (please check one) Check/Credit Card Securities
If Securities, Number of Shares and Name of Security _____

Name of Organization: Bloodworks Northwest, Seattle, Washington

Amount of Gift: \$ _____

Type of gift (please check one) Check/Credit Card Securities
If Securities, Number of Shares and Name of Security _____

Name of Organization: Bloodworks Northwest

Organization City, State: Seattle, WA

I hereby certify that:

- Neither my family nor I will derive any direct or indirect financial or material benefit from this contribution.
- I authorize the above-named recipient organization to report this gift to _____ corporation for the purpose of applying for a matching gift.
- My gift is a voluntary contribution, that it fully complies with the provisions of the program described herein, and does not represent in any way a fee for a service or benefit.
- Any misrepresentation by me of the statements made herein will forfeit my rights to any matching contributions and, in addition, may result in violations of law.
- I have not been nor will be reimbursed by anyone for this contribution.

Signature of Employee _____ Date _____

Part 2 – Recipient Organization Section

Employer Identification Number (EIN): 91-1019655

Name of Organization: Bloodworks Northwest:
921 Terry Avenue
Seattle, WA 98104

Telephone: 206-356-3614

Fax: 206-292-8030

E-Mail Address: Giving@bloodworksnw.org

Website Address: www.bloodworksnw.org

Gift Information:

Date Gift Received: _____

Amount of Gift: \$ _____

Tax Deductible Gift Amount: \$ _____

I hereby certify that:

- This organization/program meets the eligibility requirements of the _____ corporation
- That neither the donor nor _____ corporation will derive any personal material benefit from this gift or match.
- That this organization is in full compliance with the anti-terrorism laws legislated by the USA Patriot Act. In addition, by countersigning this Matching Gift Application, I agree that this organization will not promote or engage in violence, terrorism, bigotry or the destruction of any state, nor will it make sub-grants to any entity that engages in these activities.
- That I am authorized to attest to the above statements and have sufficient knowledge to do so.

Authorized Officer's Name: _____

Title: _____

Signature of Authorized Officer: _____

Date: _____