

Matching Gifts Form

Part A - To be completed by eligible employee. Please type or print in ink.

Name of Employee: _____ Employee ID Number: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

Thomson Tax & Accounting is pleased to partner with employees to support nonprofit organizations that fall within the company's three charitable focus areas: Educating the Future Work Force; Providing Arts and Cultural Experiences to the Community; and Developing and Strengthening Youth, Families and Communities. To be eligible for a matching gift, the primary focus of the organization receiving the donation must be one of the following (please choose only one):

- | Education | Arts and Culture | Youth, Families and Communities |
|---|---|---|
| <input type="checkbox"/> Elementary or secondary school in the U.S. that is fully accredited by the Department of Education | <input type="checkbox"/> Arboretum | <input type="checkbox"/> Community center or neighborhood council |
| <input type="checkbox"/> Technical or specialized school | <input type="checkbox"/> Historical society | <input checked="" type="checkbox"/> Emergency relief fund |
| <input type="checkbox"/> Two- or four-year college, or a degree-granting graduate school accredited by a regional or professional accrediting association | <input type="checkbox"/> Library | <input type="checkbox"/> Food shelter |
| <input type="checkbox"/> United Negro College Fund, American Indian College Fund or Hispanic College Fund | <input type="checkbox"/> Museum | <input type="checkbox"/> Youth mentoring program |
| <input type="checkbox"/> Literacy program | <input type="checkbox"/> Opera | |
| | <input type="checkbox"/> Orchestra | |
| | <input type="checkbox"/> Public radio or television station | |
| | <input type="checkbox"/> Theater | |
| | <input type="checkbox"/> Zoological society | |

Organization Receiving Gift: ***From the Heart*** Gift Amount: _____
 Date of Gift: _____ Amount of gift employee would like matched: _____

I certify that the information submitted is correct and that my gift fully complies with the provisions of the program as described in the Matching Gifts Policy guidelines. My contribution reflects my personal giving, not monies collected from other sources.

Employee Signature: _____ Date: _____

Part B – To be completed by recipient organization. Please type or print in ink.

Name of Organization: ***From the Heart*** Employee Benevolent Fund

Street Address: 801 Cherry, Suite 1300

City: Fort Worth State: TX Zip: 76102

Telephone Number: 817-252-4292

Gift of \$ _____ was received on

Name of donor: _____ Name of certifying representative: _____

Please send the completed form, a copy of your organization's mission statement and 501(c)(3) verification letter to:

Thomson Tax & Accounting
Attn: Ruth Ann Baker
2395 Midway Road, Mailstop 170
Carrollton, Texas 75006

Please Note: Thomson Tax & Accounting will process Matching Gift forms on a quarterly basis. To be matched, Thomson Tax & Accounting must receive the completed form within six months of the original donation.