



EMPLOYEE APPLICATION

Please complete this column and mail this form to the nonprofit organization.

Please provide all requested information and sign the form. **Incomplete forms will be returned to you.**

Employee Name _____

6-Digit Employee ID _____

Mail Code _____

Daytime Phone _____

Email Address _____

Hire Date _____

I am applying for the following matching gift to:

Organization Name Skyline High PTSA 2.6.70

Organization City, State Sammamish, WA

Restriction/Purpose (if any) _____

Gift Type: Cash/Check/Credit Card Stock

If Securities, Number of Shares and Name of Security

Select and check one of the following options:

Employee Matching Gift

I have paid or am enclosing a fully tax-deductible personal charitable contribution of \$ _____ (cash or stock value) to the organization named above and request the U.S. Bancorp Foundation to match \$ _____ of this contribution (minimum: \$50 per donation, limit: \$1,000 per calendar year).

Nonprofit Board Member (if applicable)

I am an active, participating member of the governing board of the nonprofit organization named above. I have paid or am enclosing a fully tax-deductible personal charitable contribution of \$ _____ (cash or stock value) to this organization and request the U.S. Bancorp Foundation to match \$ _____ of this contribution (limit: \$3,000 per calendar year).

I certify that I have read the program guidelines and have made an eligible gift.

I authorize the above-named recipient organization to report this gift to U.S. Bancorp for the purpose of applying for a matching gift.

Signature _____

Date _____

Employees: Mail this form to the recipient nonprofit organization to complete the Nonprofit Gift Verification section.

Forms received by the U.S. Bancorp Foundation Employee Matching Gift Program after December 1 will be paid the following year.

NONPROFIT GIFT VERIFICATION

Please complete this column and return to the U.S. Bancorp Foundation Employee Matching Gift Program.

I certify that the nonprofit organization named below has received a fully tax-deductible personal charitable contribution from:

(U.S. Bancorp Employee)

of \$ _____ (cash or fair market value of stock gift)

on ____ / ____ / ____ (date gift received).

Is this donor an active member of your governing board?

____ Yes ____ No

If yes, enter the start date of board service _____ / _____
(month) / (year)

I further certify that this gift does not entitle the employee or a member of his or her family to any material benefit from our organization.

This institution is recognized by the U.S. Treasury Department as one to which contributions are deductible by the donor for federal income tax purposes.

____ Yes ____ No

REQUIRED: Attach a copy of your 501(c)(3) status letter from the IRS.

Skyline High PTSA 2.6.70
Organization

91-1811165

Federal Tax ID (EIN)

704 228th Ave NE #521

Address

Samamish, WA 98074

City, State, Zip

425-837-7700

Telephone

Fax

Www.skylineptsa.org

Website Address

Carol Stamper

Name (please print)

Carol.stamper@comcast.net

Email Address

Signature _____

Please return this entire form to:

U.S. Bancorp Foundation
Employee Matching Gift Program
P.O. Box 8857 • Princeton, NJ 08543-8857

If you have questions about this program or application, please call 1-866-243-6925.