




# PROCEDURE FOR MATCHING GIFTS IN THE KOCH FOUNDATION MATCHING GIFT PROGRAM

- The eligible donor completes Section A of the Matching Gift Program form and sends the gift to the designated recipient institution.
- The institution reviews Section A, completes Section B and sends to  **Koch Foundation, Inc. Matching Gift Program 10 South 11<sup>th</sup> Avenue Evansville, IN 47744**
- Koch Foundation, Inc. will then review the completed form and, if all requirements have been met, will match the gift during the quarter in which it was received.
- Additional forms may be obtained from Human Resources. If you have any questions, you may call Koch Foundation, Inc. at 812-465-9800. The Matching Gift Coordinator will help you.

## MATCHING GIFT PROGRAM

**Section A** To be completed by **DONOR**. Please print or type.

Enclosed is my personal gift of \$  \_\_\_\_\_  
*(Cash or Market Value of Securities\*) (Amount in Words) (Dollars)*

\*for \_\_\_\_\_ shares of \_\_\_\_\_  
*(Name of Securities)*

to \_\_\_\_\_  
*(Name of Hospital, Educational Institution or its Alumni Fund, Foundation or Association.) (Exact Date Securities Were Sold)*

which is authorized to report this gift to Koch Foundation, Inc. to apply for a matching gift under its Matching Gift Program.

\_\_\_\_\_  
*(Donor's Name – Last, First, Middle Initial)*

\_\_\_\_\_  
*(Home Address – Street, City, State, Zip Code)*

\_\_\_\_\_  
*(Company)*

\_\_\_\_\_  
*(Company Location)*

Employee  Retiree

\_\_\_\_\_  
*(Date of Employment)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

## MATCHING GIFT PROGRAM

**Section B** To be completed by an appropriate **OFFICER** of the institution. Please print or type.

I certify the receipt of the gift of \$  \_\_\_\_\_  
*(Amount) (Donor's Name)*

as described in Section A, to the eligibility of this institution as described in the program and that the gift will be used to support the primary objectives of the institution.

\_\_\_\_\_  
*(Print or Type Full Name of Certifying Officer)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Name of Institution)*

\_\_\_\_\_  
*(Full Address of Institution)*

\_\_\_\_\_  
*(Authorized Signature)*

\_\_\_\_\_  
*(Date)*

**Return form to: Koch Foundation, Inc. Matching Gift Program  
10 South 11<sup>th</sup> Avenue  
Evansville, IN 47744**