

BCG AMERICA'S REGION MATCHING DONATION PROGRAM

Directions:

- 1) Complete all **required** fields below.
- 2) Attach a copy of receipt to support the donation along with this completed form in one file.
- 3) Submit one form for each matching donation request and email to NAMRFinSSH@bcg.com
- 4) All donations must be submitted by March 31 of the subsequent year in which the donation was made. Check will be mailed directly to the organization.

BCG provides matching funds for up to **\$500 per calendar year** for each non-Partner staff member with a **minimum \$25** donation.

Date of Donation:

Organization Name:

Street Address:

City: State: Zip:

Tax ID of Charity:

Please verify at
<https://apps.irs.gov/app/eos/revokeSearch.do?searchChoice=pub78&dispatchMethod=selectSearch>

Employee Name: Office:

Amount to match: Special Instruction:

OFFICE USE ONLY:

Checklist

<input type="checkbox"/>	Employee is non-temporary, non-Partner staff
<input type="checkbox"/>	Minimum \$25 donation
<input type="checkbox"/>	Request does not exceed \$500 calendar year matching threshold
<input type="checkbox"/>	Organization is 501(c)3 or certified non-profit organization
<input type="checkbox"/>	Supporting documentation with \$ amount and donor name is included

Description on Check:	Project Code:	Match Amount
<i>Matching Donation -</i> <input style="width: 90%; height: 15px;" type="text"/>	<i>DON/AMR-00</i> <input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Invoice Date - <input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	
Reviewer / Approver <input style="width: 150px; height: 25px;" type="text"/>		