



Mosaic Retirement Planning

Matching Gifts Program Request Form

INSTRUCTIONS

Donor:

- ◆ Complete Part 1 of this form – one for each gift. *Please print or type.*
- ◆ Send the form and a copy of the program guidelines with your contribution to the recipient organization.

Recipient Organization:

- ◆ Verify receipt of gift.
- ◆ Complete Part 2 of this form. *Please print or type.*
- ◆ Forward form to the address printed below.

PART 1 - DONOR SECTION

NAME

HOME ADDRESS

CITY/STATE/ZIP

TELEPHONE, INCLUDING AREA CODE

E-MAIL ADDRESS

EXACT DATE OF GIFT

\$ _____ \$ _____

AMOUNT OF GIFT (MIN \$25) AMOUNT TO BE MATCHED (MIN \$25)

Type of gift: Please check one:

Check Credit

NAME OF ORGANIZATION

ORGANIZATION CITY, STATE

RESTRICTION OR PURPOSE (IF ANY)

I 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 for the purpose of applying for a matching gift. I certify that my gift is a voluntary contribution, that it fully complies with the provisions of the program described herein, and does not represent in anyway a fee for a service or benefit. I have read and understood the guidelines of the Matching Gifts Program.

DONOR SIGNATURE _____ DATE _____

PART 2 - RECIPIENT ORGANIZATION SECTION

ORGANIZATION NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE, INCLUDING AREA CODE FAX, INCLUDING AREA CODE

E-MAIL WEBSITE ADDRESSES (IF ANY)

DATE GIFT RECEIVED

\$ _____ \$ _____

AMOUNT OF GIFT TAX DEDUCTIBLE GIFT AMOUNT

I hereby certify that the donor will not derive any personal material benefit from this gift or match.

AUTHORIZED OFFICER'S NAME (PLEASE PRINT)

TITLE (PLEASE PRINT)

SIGNATURE OF AUTHORIZED OFFICER _____ DATE _____

MAIL COMPLETED FORM AND ANY REQUIRED ENCLOSURES TO:

Mosaic Retirement Planning Matching Gifts Program
7200 S Alton Way, Ste B290
Centennial, CO 80112

Phone: 720-617-4400

E-mail: Service@MosaicRetirement.com