



# 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. 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.



**Koch Foundation, Inc.  
Matching Gift Program  
10 South 11<sup>th</sup> Avenue  
Evansville, IN 47712**

## MATCHING GIFT PROGRAM SECTION A

To be completed by **DONOR**  
Please print or type

You can match up to \$  of my personal gift of \$  to:

\_\_\_\_\_  
*(Name of Hospital, Educational Institution, Museum or Zoo)*

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 \$  to:

\_\_\_\_\_  
*(Name of Donor)*

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)*