



Donor Matching Form

Section One To be completed by donor		
Name of Donor:		
Social Security Number XXX-XX - <input type="text"/> <input type="text"/> <input type="text"/>		
Home Address:		
City:	State	Zip Code
Home Phone:	Cell Phone:	
Date of Gift:		
Amount of Cash/Check Gift: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> (\$250 minimum)		
Check Program: <input type="checkbox"/> Vanessa's Wish <input type="checkbox"/> Sole Hope <input type="checkbox"/> Hope Academy		
Street Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
I attest that the source of funds for this gift is my personal assets, that I made this gift on my own behalf, that the requested matching funds will not be used to fulfill a pledge, that neither I nor any member of my family have received any benefit in return, and that all information provided on this form is accurate.	Signature:	Date:

Instructions:

1. Use original form; copies not accepted.
2. Complete Section One in its entirety.
3. Be sure form is completed and signed.
Submission of incomplete form will lead to delay in matching your gift.
4. **Check payable to:** Weisberg Family Foundation

5. **Mail to:** Weisberg Family Foundation
Attn: Matching Gift Program
8895 N. Military Trail Suite 101C
Palm Beach Gardens, FL 33410



Donor Matching Form

Section Two

To be completed by charity

Name and Title Of Authorized Financial Officer:		
Organization Purpose:	Amount of Donation: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Type of Organization: <input type="checkbox"/> Arts/Cultural <input type="checkbox"/> Education <input type="checkbox"/> Child Welfare <input type="checkbox"/> Poverty <input type="checkbox"/> Children/Youth		
Federal Tax Identification Number:		
I certify that the gift was made by the individual named and has been received by this institution or organization. I further certify that receipt of the contribution described herein, represents a charitable contribution and that the donor derives no personal benefit (e.g. tuition, dues, tickets) as a result of the gift. I also certify that all information provided on this form and otherwise in connection with this application is accurate.		
Signature of Authorized Financial Officer, CEO or Treasurer:		
Phone Number:	Fax Number:	Date:
Please attach: <input type="checkbox"/> Copy of 501(c)(3) status <input type="checkbox"/> Business Card of authorized official		
Section Three To be completed by Weisberg Family Foundation		
Donor:	Donation: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Purpose of Grant:		
Date:	Check Number	
Signature:		



Instructions:

1. Use original form; copies not accepted.
2. Complete Section TWO in its entirety and return within 15 business days.
3. Mail to: Weisberg Family Foundation | Attn: Christine Mayers | 55 Walls Drive, 3rd Floor | Fairfield, CT 06824