



# Donor Matching Form

|  |  |        |                          |           |       |
|--|--|--------|--------------------------|-----------|-------|
| <b>Section One</b>   |  |        | To be completed by donor |           |       |
| Name of Donor:   |  |        |                          |           |       |
| Social Security Number XXX-XX - <input type="text"/> <input type="text"/> <input type="text"/> <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"/> . <input type="text"/> <input type="text"/> (\$50 minimum/\$10,000 Max per donor)  |  |        |                          |           |       |
| Check Program:   |  |        |                          |           |       |
| <input type="checkbox"/> Free Library Initiative <input type="checkbox"/> Sole Hope <input type="checkbox"/> Hope Academy <input type="checkbox"/> Vanessa's Wish <input type="checkbox"/> Veterans <input type="checkbox"/> Big Heart   |  |        |                          |           |       |
| 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. Complete and sign form. 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

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| <b>Section Two</b> To be completed by Weisberg Family Foundation |  |
| Donor:   | Donation received:<br>\$ <input type="text"/> <input type="text"/> <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:   |  |

|  |  |       |
|--|--|-------|
| <b>Section Three</b> To be completed by Charity  |  |       |
| Name and Title Of Authorized Financial Officer:  |  |       |
| Organization Purpose:  | Donation Received:<br>\$ <input type="text"/> <input type="text"/> <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/Literacy <input type="checkbox"/> Child Welfare <input type="checkbox"/> Poverty <input type="checkbox"/> Animal Assisted Therapy/Rescue <input type="checkbox"/> Veterans   |  |       |
| 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: |
| <b>Please attach:</b><br><input type="checkbox"/> Copy of 501(c)(3) status <input type="checkbox"/> Business Card of authorized official   |  |       |

1. Complete Section TWO in its entirety and return within 15 business days.
2. Mail to: Weisberg Family Foundation | 8895 N. Military Trail Suite 101C | Palm Beach Gardens, FL 33410