

# Matching Gift Form

## MINETTE'S ANGELS FOUNDATION

Complete PART A and send with donation to Minette's Angels Foundation

### PART A

(to be completed by eligible person)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business Address (include region)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Employee Number/Financial Professional Code

#### Relationship (check one)

- Employee
- Financial Professional (Production Club member)
- Field Manager
- Board Member

#### GIFT IS - - REQUIRED FIELDS

Amount of Gift \$ \_\_\_\_\_ Date of Gift / /

Unrestricted  Restricted to: \_\_\_\_\_

Matching Gift:  
\$ \_\_\_\_\_ in support of \_\_\_\_\_

#### Form of Gift Payment (check one)

- Cash
- Check
- Credit Card

I hereby certify that the above donation is entirely my personal contribution, and is not in whole or in part the gift of another individual or the sum of the gifts of other individuals. I also certify that all information is accurate, that contributions are not in lieu of tuition, fees, or other personal obligations, that I have not received any material personal benefit in exchange for the gift, and that I have not been reimbursed by any party.

\_\_\_\_\_  
Signature of Contributor

### PART B

(to be completed by an authorized officer of the recipient organization)

I hereby verify receipt of the above-stated contribution for the above individual And certify that the donation represents a charitable contribution for which the donor received no goods or services (i.e., tuition, dues credit, tickets, food/entertainment expenses, etc.) as determined for Federal income tax purposes. To the best of my knowledge, this gift is not, in whole or in part, the gift of another individual or the sum of gifts of other individuals, nor was it made to satisfy a legally binding pledge.

Minette Grosso McKenna Angel Foundation  
P.O. Box 94  
Verona, New Jersey 07044

973-670-9198

20-1400176  
Tax I.D. Number

\_\_\_\_\_  
Signature of Certifying Officer

\_\_\_\_\_  
Kenneth C. McKenna  
President and Founder

Amount of Gift Received \$ \_\_\_\_\_

Tax Deductible Amount \$ \_\_\_\_\_

Unrestricted  Restricted to: \_\_\_\_\_

Date Gift Received / /

#### Categories of Organization

(check the most appropriate category)

- Breast Cancer Patient  
Support



minettesangels.org  
P.O. Box 94  
Verona, New Jersey 07044-0094

