



535 W. 23rd St., S11G, NYC 10011 • T: 212.252.3137 • F: 646.274.0514 • www.MindTheGapTheatre.com

Please fill in the red boxed items and return completed form to the address above

Employee Information	
Employee Name:	
Home Address:	
City/State/Zip:	
Daytime Phone:	
Employee ID# (if applicable):	
Employees relationship (if any) to recipient organization:	
Date of Gift:	
Amount of Gift: \$	
<i>I certify that this gift is solely for the use of the organization named and neither I, nor any member of my family, nor any third party, will benefit in any way from this gift. I further certify that the amount given is entirely my own and meets qualifications of the Employee Matching Gift Program</i>	
Signature:	Date:

Employer Information	
Employer's Name:	
Employer's Address:	
City/State/Zip:	
Contact Name (if any):	

To Be Completed By Recipient Organization	
Name of the Organization receiving gift:	
Contact Name:	
Organization Address:	
City/State/Zip:	
Telephone:	
Organization Tax Payer ID:	
Organization's Mission:	
<i>Organization will complete and send entire form to the Employer with a copy of their 501(c)(3) letter from the IRS for matching gift approval</i>	