



PART 1
DONOR

PART 2
RECIPIENT

Name: _____

Job Title: _____

Work Location: _____

Amount of Gift: \$ _____

Date of Gift: ___/___/20___

Name of Entity to which gift is made:

I certify that the above gift is made from my own funds (of the funds of an eligible charitable trust, foundation, etc.) and that the gift is made with the understanding that I will receive nothing of value for this gift.

Signature: _____

Date: ___/___/20___

Email completed form to: matchinggifts@vcm.com

Please be advised that all forms must be received no later than December 1st to be processed in the current calendar year.

**Year-end submissions throughout December (after December 1st) must be received by Victory Human Resources department no later than January 10th of the following year to be eligible for processing a gift match.

Donor's Name: _____

Amount of Gift \$: _____

Date of Gift: ___/___/20___

This is to certify that (*name of recipient entity*):

Recipient's Tax ID #: _____

Address: _____

City: _____

State: _____ Zip: _____

has received the above gift, that it is not restricted to the athletic department or an athletic scholarship fund, that it is not in payment of tuition, subscription fees or subscription fees for publications, books, memberships, dues to alumni or other groups, unpaid pledges, bequests; and that the matching gift will not be used for any such payment.

Name of certifying official (*please print*):

Title: _____

Phone: _____

Signature: _____

Date: ___/___/20___