

Matching Gift Consideration Form
for employee donations to:



Part A – TO BE COMPLETED BY DONOR (please print clearly). Complete and sign Part A and return it with your payment, if made by cash or check, to the American Lung Association of the Midland States (ALAMS).

Company name: _____
Company address: _____
Company phone: _____ Company fax: _____
My company will match gifts up to \$ _____ with a limit of _____ gifts per year.
Please verify this with your employer.

Donor's Name _____
Home Address _____
City/State/Zip Code _____
Company Name/Division _____
Work Location (city) _____ Daytime Phone _____
Email address _____

Employee contribution must be greater than or equal to \$25.
\$ amount given by above employee or board member: \$ _____ Exact date of gift _____

Payment method: Cash Check
 Credit Card (Contact the ALAMS online at www.MidlandLung.org to make a credit card donation, or make a donation by phone at 614-279-1700 or 800-232-LUNG.)

Type of gift: For research For education Where most needed
 Event pledge in support of [name of event participant] _____
Name of event; e.g., "Lung Walk in [city name]" _____
 Gift in Memory or Honor (circle which) of: _____
Name and address of person to be notified of your gift: _____

I certify that this gift meets with all the specifications as described in my company's information as it relates to matching gifts. I am currently an eligible employee or a member of the Board of Directors of [Company name]: _____
Signature of donor _____
Date _____

Part B TO BE COMPLETED BY AMERICAN LUNG ASSOCIATION OF THE MIDLAND STATES
ALAMS will verify donor section, fill out Part B completely, and mail or fax this form to company at address/fax number supplied above.

I certify that the American Lung Association of the Midland States is recognized as a tax-exempt public charity (not a private foundation) by the IRS under Section 501 (c) (3) or Section 170 (c) (1). A copy of our Section 501 (c) (3) letter or Section 170 (c) (1) letter dated with the current year is attached.

Donor _____ Amount _____ Date Received _____
Received by: **American Lung Association of the Midland States**
1950 Arlingate Lane, Columbus OH 43228
Tax ID number: 31-4379531
Phone: (614) 279-1700 or (800) 232-LUNG. Fax: (614) 279-4940

Signature of Officer (not a stamp): _____
Printed or Typed Full Name and Title of Officer: _____