

Matching Gift Program
Application Form

Part A To be completed by a Contributing Parishioner

Review the back of this form for guidelines on the Matching Gifts Program. Call the church office at 607-432-1458 if you have any questions. Please complete Part A completely, sign the form and send it with your gift to the charitable organization you have named.

Charitable Organization: _____

Address: _____

My gift and the matching amount are for...

- ☐ *The general fund*
☐ *The following specific program:* _____

The date I made the gift: _____

Amount of gift: _____

(Minimum gift of \$25 is needed to qualify. Saint James will match up to \$200 a year)

The form of the gift is...

- ☐ *Cash*
☐ *Check*
☐ *Credit Card*

Your name (please print) _____

Part B To be completed by a Charitable Organization

Receipt of this signed form means that your organization may apply to the Matching Gift Program of Saint James Episcopal Church. The signature of an officer of your organization below confirms your receipt of the gift as described in Part A above. After signing, please return the form to Saint James Episcopal Church.

Charitable Organization: _____

Signature of Authorized Officer: _____

Title: _____

Date: _____

Return this signed form to

Matching Gifts Program
Saint James Episcopal Church
305 Main Street, Oneonta, New York 13820

Eligible gifts will be matched annually by February 28 of the following year. This signed form must be received by January 15 to be considered for a matching gift for the previous year. You may be asked to provide a copy of your organization's 501(c)(3) tax determination letter from the Internal Revenue Service.