

# The 2020 Saints MatchGrants Program

2936 N. Southport Ave. - Room 224, Chicago, IL 60657-4120  
MatchGrants@saintschicago.org

## Information about Donor Saint(s)

Name(s):	
Email(s):	
Phone:	
Donation Amount(s) Made: (6/1/2020 - 12/31/2020)	
<b>Note: the Saints will match up to \$100 per Saints member per qualifying organization</b>	

I have read and certify that all the terms and conditions of the Saints MatchGrants Program found on the Saints website have been met.

I wish my donation to be listed as "Anonymous" in all Saints communications

Please complete the donor portion of this form, sign and date below. Signature required. Save a copy.  
Send this form to the organization receiving your donation to complete the bottom portion.  
This fillable form accepts digital signatures (optional). For more information on digital signing go to:  
<https://helpx.adobe.com/acrobat/using/signing-pdfs.html>

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Information from the Organization about Your Donation

Recipient Organization:	
(EIN) Employer ID Number:	
Company Address:	
City, State, Zip:	
Email:	
Tax Deductible Donation Amt: (6/1/2020 - 12/31/2020)	
<b>Note: the Saints will match up to \$100 per Saints member per qualifying organization</b>	

I verify the receipt of the above described gift and certify that this organization has qualified for federal income tax exemption under Section 501(c)(3) of the federal Internal Revenue Code, that **no direct tangible benefit will accrue to the donor, any member of the donor's family, or anyone designated by the donor** and that the gift will be used to support the primary objectives of the institution. I further understand that the Saints reserves the right to audit organizational records and documents pertaining to this program and to request supporting donor documentation it considers necessary.

Please complete the organization portion of this form, sign and date below. Save a copy.  
Send completed form to: MatchGrants@saintschicago.org or mail to address above.  
This fillable form accepts digital signatures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_