



# WORKPLACE GIVING FORM

(Matching Gifts, Combined Federal Campaign, United Way, State Campaigns, Other)

## TO BE COMPLETED BY EMPLOYEE/MEMBER OF THE BOARD

Completed forms should be accompanied by a copy of your employer's form. Chapter name must be entered under 'Restricted to Chapter's Educational/Charitable Programs'.

Name of Company/Organization \_\_\_\_\_

Please check one: Employee  Member of the Board

Employee's or Board Member's Name \_\_\_\_\_

Home Address _____	City _____	State _____	Zip Code _____
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Email _____	Best Phone Number _____
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Company Name/Division \_\_\_\_\_

Work Address _____	City _____	State _____	Zip Code _____
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**Campaign Type**

- Matching Gift     CFC     State Campaign     United Way  
 Volunteer Service Hours     Other \_\_\_\_\_

Please specify the dollar amount to be donated \$ \_\_\_\_\_

<b>Amount from Employee</b> \$ _____	<b>Amount from Employer</b> \$ _____
<b>Expected Date of Receipt</b> _____	<b>Expected Date of Receipt</b> _____

**Made by:**  Cash     Check     Credit Card (Use Donation and Pledge form)     Payroll Deduction  
*Checks must be made payable DREF. Checks made payable to other payees or multiple payees will be returned.*

**Purpose:**

- |   |  |
|---|--|
| <input type="checkbox"/> Unrestricted to DREF | <input type="checkbox"/> Restricted to Chapter Educational/Charitable Programs |
| <input type="checkbox"/> In Honor of _____    | _____  |
| <input type="checkbox"/> In Memory of _____   | <input type="checkbox"/> Restricted Other _____                                |

I certify that this gift is a personal contribution in compliance with the terms and conditions as described in my company's information as it relates to workplace giving. I am aware and acknowledge that when making this gift and future gifts to the Foundation or any of its funds, I am making it of my own free will and that once the asset is transferred it becomes the property of DREF to be used for charitable and educational purposes as outlined by the Foundation, **subject to such approved donor restrictions as are permitted by law.** I understand that unless approved in writing by the Foundation, my requests regarding the Foundation's use of my contribution is a non-binding request and that The Foundation's Board of Directors makes all grant decisions at its sole and independent discretion, subject to applicable law and approved donor restrictions. I certify that if grants are distributed from my donation, they will not fulfill a pre-existing pledge. Further, neither I, nor any other individual, will receive any goods, services or other private benefit from the organization as consideration for the amount of the contribution that is tax deductible. We will not share your personal information for marketing purposes to unaffiliated entities. Please see Privacy Policy at <http://www.deltafoundation.net/about-us/privacy-policies-terms-and-conditions>.

\_\_\_\_\_  
**Signature of Donor**

\_\_\_\_\_  
**Date**