

MATCHING DONATION FORM

Individual Donor Agreement



Instructions:

- Individuals complete pages 1-2
- Submit completed pages 1-2 to WINiT
- Send a copy of page 1 with pages 3-4 to employer

Individual Donor Name

I hereby agree to become a Donor of WINiT at the following level(s):

Donation Amount:

\$
USD

Duration: (select one)

- One Year
 Two Years
 Three Years

In late December 2014, WINiT was approved as a nonprofit corporation 501(c)(3) organization with the United States Internal Revenue Service, recognized as a charitable and educational organization. Donors (corporate and individuals) may make tax-deductible contributions (for United States based businesses) to fund the WINiT charitable and educational efforts by contributing to WINiT. Charitable donations are deductible under section 170 of the IRS Code.

Contact Information:

Name

Address

City

State

Zip Code

Telephone

Email Address

I am currently an employee of the following company and intend to solicit a matching company donation from my employer:

Company Name

I understand that I will receive a letter of acceptance upon receipt of this signed agreement and payment to WINiT which will serve as a receipt for my tax-deductible gift to WINiT.

Signature of Donor or Authorized Representative

Date

Printed Name of Donor or Authorized Representative

Telephone

PAYMENT

Individual Donor



Individual Donor Name

Donation Amount:

\$

USD

Method of Payment (select one) Accepted forms of payment: Checks and credit cards only. NO CASH ACCEPTED AT ANY TIME.

Check

Checks must be made payable to WINiT and mailed to:

WINiT

35 Talcottville Road, Suite 31 – 111

Vernon, CT 06066.

Credit Card

Credit Card Number

Expiration Date

CVC

Name on Card

Billing Address

City

State

Zip Code

Signature of Cardholder

To protect sensitive credit card information, DO NOT include this Payment form in any Donor Matching communication with your employer.

For more information please call our office at (203) 836-8449 or e-mail Info@WomenInTravel.org

MATCHING DONATION FORM

Corporate Donor Agreement



Instructions:

- Corporations complete pages 3-4 (referencing Donor name on page 1 supplied by employee)
- Submit completed pages 3-4, along with page 1 supplied by employee, to WINiT

Company Name

hereby agrees to match the individual gift of the following WINiT donor:

Donor Name (Page 1)

In the amount of:

\$

USD

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I understand that I will receive a letter of acceptance upon receipt of this signed agreement and payment to WINiT, which will serve as a receipt for the tax-deductible gift to WINiT. I further understand that the letter will also outline the duration of the donation, if applicable.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Title of Authorized Representative

Telephone

Contact Information

Company Name

Address

City

State

Zip Code

Contact Person(s)

Mailing Address (if different than above)

City

State

Zip Code

Telephone

Email Address

PAYMENT

Corporate Donor



Company Name

Donation Amount: *(this amount must match Donation amount on page 3)*

\$

USD

Method of Payment (select one) Accepted forms of payment: Checks and credit cards only. NO CASH ACCEPTED AT ANY TIME.

Check

Checks must be made payable to WINiT and mailed to:

WINiT

35 Talcottville Road, Suite 31 – 111

Vernon, CT 06066.

Credit Card

Credit Card Number

Expiration Date

CVC

Name on Card

Billing Address

City

State

Zip Code

Signature of Cardholder

For more information please call our office at (203) 836-8449 or e-mail Info@WomenInTravel.org