



Matching Gift Program Application

In order to qualify for a Matching Gift Program amount, you must be a full time employee or director of eFunds both on the date when the Gift is made and on the last day of the calendar quarter during which a complete Matching Gift Request Form is submitted to the Company and assigned permanently to an eFunds location within the United States.

Part 1: To be completed by Eligible Employee	
Name:	Employee #:
Address:	
City, State, Zip:	Email Address:
Work Location:	Date of Contribution:
Name of Institution Receiving Gift:	Dollar amount of Gift (if securities, include transfer date):
Check Appropriate Category: <input type="checkbox"/> Qualified primary and secondary schools <input type="checkbox"/> Accredited colleges, university, junior college, and vocational-technical institutes <input type="checkbox"/> Public television and radio stations <input type="checkbox"/> Medical foundations <input type="checkbox"/> Health and human services organizations	

I certify that the information submitted is correct, that my gift complies fully with the provisions of the eFunds Matching Gift Program as stated in the eFunds Matching Gift Program Plan Document, and that no benefit or service is accruing to me. After completing Part 1, forward both the application and Donation to the eligible organization.

Employee Signature:	Date:
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Part 2: To be completed by Eligible Recipient	
Name of Recipient:	
Address:	
City, State, Zip:	Date contribution was made:
Phone #:	Amount of contribution:

As an authorized officer of this organization, I certify that this institution satisfies the requirements of the eFunds Matching Gift Program. I also verify that the gift will be used by the organization itself for charitable purposes in accordance with its status as a tax-exempt charitable organization. Please forward the entire application with certification to the address below

Is this contribution for tuition <input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorized Officer's name (print):	Title:
Signature:	Date:

eFunds Matching Gift payments will be made quarterly within thirty (30) days of the last day of the calendar quarter of the receipt of a complete Matching Gift Request Application. If your organization has never participated in our Matching Gift Program, please provide evidence of tax-exempt status under section 501(c)(3).

Please return and direct any questions to:
 eFunds Benefits Department
 Gainey Center II, Suite 300
 8501 North Scottsdale Road
 Scottsdale, AZ 85253