

MATCHING GIFT PROGRAM



In order for your matching gift request to be processed, **all fields on this form must be completed.** The Alaska/Horizon employee must send the completed Section A with contribution to the organization that is to be benefitted. Appropriate representative for the organization to be benefitted must complete Section B and send the complete form and necessary attachments to the address noted.

Section A (to be completed by employee donor)

Employee Name _____

Employee ID# _____ E-Mail _____

Comail _____ AS / QX _____
Company Phone _____

Address _____

City, State, ZIP or Postal Code _____

Name of Organization Receiving Gift _____

Are you affiliated with the recipient organization?

Yes No

If yes, in what capacity? Check all that apply:

Board Member Financial Officer Volunteer

\$____, _____.00

Amount of gift (minimum \$50)

Exact Date of Gift _____

Check Credit Card Securities: _____ # Shares

Name of Stock _____

EMPLOYEE CERTIFICATION:

I am currently an eligible employee of Alaska Airlines or Horizon Air under the requirements of the Matching Gift Program. The information submitted on this form is correct and my contribution qualifies as a tax-deductible gift. My gift is not a pledge, but a direct, personal contribution. This is an individual gift and is not pooled with funds belonging to others. Neither I nor my family will derive any direct or indirect financial benefit from this contribution. My gift does not represent payment for service.

I understand that misuse of the Alaska Airlines/Horizon Air Matching Gift Program will result in permanent revocation of my Matching Gift privileges and may lead to other disciplinary actions up to and including termination.

Signature of employee donor _____ Date _____

Section B (to be completed by recipient organization)

1. Verify Section A, fill out Part B completely. 2. If you have never received an Alaska Airlines/Horizon Air matching gift, you must include a copy of your IRS 501(c)(3) letter and mission statement.

I certify that the amount of \$_____ was received on _____ (date) and that this organization/institution meets the eligibility requirements of the Matching Gift Program and qualifies for tax exemption under Section 501(c)(3) of the Internal Revenue Code, and that neither the donor nor Alaska Airlines/Horizon Air will derive any personal benefit from this gift or match.

Signature of Financial Officer _____ Date _____

Print Full Name and Title _____

Address _____

City, State, ZIP or Postal Code _____

Telephone _____ Fax _____

E-Mail _____ Website _____

If a school, list accrediting agency or state department _____

EIN # _____

RETURN FORM AND REQUIRED DOCUMENTATION TO:

Administrator
Alaska/Horizon Matching Gift Program
PO Box 68900--SEAZP
Seattle, WA 98168

APPLICATIONS ARE CONSIDERED ON A SEMI-ANNUAL BASIS:

Forms received on/before May 30th or on/before Nov. 30th with payouts on June 30th and Dec 31st respectively.

THIS PROGRAM HAS ANNUAL BUDGET LIMITATIONS:

Applications honored on a first-come, first-served basis upon receipt fully completed form, and required documentation supplied by the non-profit organization. Once program budget is fully used, requests will not be fulfilled for the remainder of the calendar year. Employees may not submit their request the following for donations made within six months preceding the date of the second request.