



CCS Matching Gift Form

Mail or Fax to:
Attention: Development Office
Creative Community Services, Inc.
4487 Park Drive, Suite A
Norcross, GA 30093
Fax: 770-469-6210

Matching Gift Form for: _____
(Company Name)

Part A - TO BE COMPLETED BY DONOR

The Company will match contribution of up to _____ with a limit of _____ per calendar year

Please check one: Employee _____ Member of the Board _____

Name: _____
Home Address: _____
City/State/Zip Code: _____
Company Name/Division: _____
Work Location (city): _____ Daytime Phone: _____

Individual Gift

Minimum Contribution: \$50
Please specify the \$ amount to be
matched: \$ _____
Exact Date of Gift: _____

Group Gift: Made In honor of a person

Employee minimum contribution: \$25
given in support of:

participating in (event name):

AMOUNT OF GIFT: _____

Made by: _____ Cash _____ Check _____ Credit Card _____ Securities
Names: _____
#Shares _____

Organization Receiving Gift: _____
Address: _____

I certify that this gift meets with all the specifications as described in the company
information as it relates to matching gifts. I am currently an eligible employee of
_____ or a member of the Board of Directors of _____

Signature of donor: _____
Date: _____

Part B TO BE COMPLETED BY RECIPIENT INSTITUTION

1. Verify donor section. Fill out Part B Completely.
2. Mail this form along with a photocopy of the check, securities or proof of credit card
donation to: Creative Community Services, Inc., 1543 Lilburn-Stone Mountain Rd., Stone Mountain GA 30087

*I certify that this institution is recognized as a tax-exempt public charity (not a private foundation) by the IRS under
Section 501 (c) (3) or Section 170 (c) (1). A copy of your Section 501 (c) (3) letter or Section 170 (c) (1) letter
dated with the current year must be included. Failure to include this letter may prevent processing.*

Donor: _____ Amount: _____ Date Received: _____
Organization: _____ Tax ID: _____
Address: _____ Phone: _____
City/State/Zip: _____
Signature of Officer (not a stamp) _____
Print or type Full Name and Title of Officer: _____