

The Clowes Fund

Members and Directors Matching Grant Program – Request Form

What the Program Does

The Clowes Fund, Inc. ("the Fund") matches the gifts of Members and Directors of the Board to eligible charitable organizations. The Fund seeks to engage new members in the grantmaking process and expand its grantmaking activities into communities where members and directors live. Gifts made by the Fund through its Members and Directors Matching Grant Program are anonymous and should not be listed on public donor rolls.

What Charities Are Eligible

The matching program extends to certain public charities exempt from the payment of taxes under Internal Revenue Code section 501(c)(3). The Fund will not match any gifts to a private foundation. The Fund is restricted from making grants to a certain subclass of charitable organizations described in the Internal Revenue Code as supporting organizations. To qualify a match for a supporting organization, additional documentation from the organization will be required. Matching grants to these organizations are contingent upon receipt and review of these materials.

How the Program Works

1. The Member/Director completes **Part A** of this form and submits it to the recipient charitable organization.
2. A financial officer of the recipient charitable organization executes **Part B** of the form and returns it to The Clowes Fund.
3. The Fund verifies that the organization qualifies and forwards payment to the qualified organization.
4. The Fund notifies the Member/Director when his/her contribution has been matched.

PART A: Must be completed by Clowes Fund Member or Director

I hereby certify that on _____, or
_____ **date of single gift payment**

From _____ to _____,
_____ **period of multiple gift payments**

I contributed or am contributing herewith \$ _____
_____ **total cash amount**

If security, list below the name and type of issue, number of shares,
per share value (mean of high and low) on date of gift:

This contribution was made to:

_____ **name and address of eligible charitable organization**

Amount of Match Requested: \$ _____

- For unrestricted or operating purposes.
 For endowment purposes.
 Other designation: _____
- I prefer to remain anonymous; do not publicly acknowledge my gift.

I authorize the institution named above to report this gift to The Clowes Fund in order to qualify for a matching contribution under the Members and Directors Matching Grant Program guidelines.

I certify that this is entirely my personal contribution; this it is not the gift of any group or organization made through me; that the contribution does not represent payment of tuition or payment in lieu of tuition; and that the Fund's match will not be used to satisfy a pledge.

Date: _____ Print Name: _____

Signature: _____

PART B: Must be completed in full by Recipient Charitable Organization

I certify that the contribution described in Part A was received by:

_____ **full legal name of organization**
(as it appears on IRS Pub. 78)

From: _____
_____ **name of donor**

Employer Identification Number (EIN): _____

_____ **complete mailing address of organization**

_____ **name and title of organization's CEO**

Phone: _____

E-mail: _____

Website: _____

Signed: _____
_____ **representative of organization**

_____ **representative's printed name and title**

Signature of representative above certifies the following in accordance with gift:

*The donor does not accrue any benefit.

*The donor is not using this match to fulfill a personal pledge.

Note: The Clowes Fund shall not be listed on a public honor roll in connection with this grant.

Please send completed form to:
The Clowes Fund
320 N. Meridian St., Suite 316
Indianapolis, IN 46204-1722
Or fax to 317-833-0145 or 800-943-7286
Or e-mail to staff@clowesfund.org

Call us with any questions: 317-833-0144 or 800-943-7209