## J. Paul Getty Trust Employee Matching Gifts Form

For Getty Employees: Complete this Section and Send to Recipient along with Payment					
Employee name (please enter above)			Getty Employee ID number		
Your home address					
City	State	Zip Code	Daytime phone number		
Name of the recipient organization	Your relationship to organization (if none, write "N/A")				
Date of Gift	Amount of Gift (minimum of \$25)				
I certify that this gift is solely for the use on nor any third party, will receive any benefit own and meets the qualifications of the Go	from this gift. I fur	ther certify that th			
Employee signature			Date		

## For Recipient Organizations: Read Policy Information, Complete this Section, and Return to Getty

To be eligible for a Getty Matching Gift, organizations *must* (1) have arts and/or education as a core part of their mission and activities and (2) be recognized as a public charity under section 501(c)(3) of the IRS Code. Please be sure to include your organization's taxpayer identification number when filling out the form. Getty may request a copy of your 501(c)(3) letter from the IRS during its review of this request. Your signature acknowledges the receipt of the gift and declares there will be no personal benefit to the donor as a result of the gift.

Getty requests no publication be made of its matching contributions. Only the individual listed above should be credited by the recipient organization as a donor, and organizations should check first before publishing.

Getty maintains the discretion to suspend, terminate, or modify the Matching Gifts Program at any time, but will notify employees of any such changes. The interpretation, application, and administration of the programs, including eligibility of charities, will be determined by Getty and its decisions will be final.

## Please return the completed form to:

Grants Administration (Matching Gifts), The Getty Foundation GettyMatchingGifts@getty.edu

Forms must be received within 90 days of the gift in order to be matched.

Getty will send its matching payment directly to the recipient organization if all requirements are met.

Name of Organization receiving gift			Organization taxpayer ID number	
Contact name			Contact email	
Organization address				
City	State	Zip Code	Daytime phone number	
Matching gift contributions must b organization's primary purpose o		d educational org	anizations. Please describe the recipient	

I certify the above gift was received. This organization is a tax-exempt arts or educational organization under the U.S. Internal Revenue Code, and is not a private foundation. I further confirm that no direct, tangible benefit will accrue to the donor, to any member of their family, or to any related third party as a result of this gift.

Contact name signature	Date	



