

Carrols Corporation Food Bank/Food Pantry Matching Gift Program

Matching Gift Application – Form A

To be completed by donor and sent with gift to selected organization.

(Please Print)

Division (check one)

Employee Name

_____ Carrols Burger King

_____ Store # (if applicable)

Mailing Address, City, State and Zip

Phone Number

Recipient Organization Name

_____ Date of Gift

\$_____ .00
Amount of Gift

I hereby authorize the above named organization to verify this gift and report it to Carrols Corporation for the purpose of qualifying for a contribution under its Matching Gifts Program. I am currently employed by Carrols Corporation or a Carrols Corporation division.

Signature

Date

Matching Gift Application – Form B

To be completed by recipient organization. Mail Form A & B to
Carrols Corporation Matching Gift Program, P.O. Box 6969, Syracuse, New York 13217-6969

(Please Print)

Name of Recipient Organization

_____ - _____
EIN (Employer Identification Number)

Mailing Address, City, State and Zip

Telephone Number
\$_____ .00

Fax Number

email address

Amount of Gift

By signing and presenting this application, I hereby certify that the organization is eligible to receive tax deductible contributions under section 170(c) of the Internal Revenue Code and is classified as a 501(c)(3) public charity or a government agency and that the amount reported as the *Amount of Gift* is a charitable contribution and that no personal benefit has been derived by the donor as a result of this gift.

Authorized Officer's Name (please print)

Title (please print)

Authorized Officer's Signature

Date

Although Carrols Corporation reserves the right to amend, modify, or terminate the Matching Gifts Program at any time without notice and to determine whether any gift qualifies for matching.

