

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 _____ Popeyes

_____ 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 _____

Fax Number _____

email address _____

\$ _____ .00

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.

