**EMPLOYEE & Company Matching Gift Form**

Clive Learning Academy PTO relies on fundraising to raise money to cover the many additional costs for the enrichment of our students at Clive Learning Academy. In order for us to meet our continuing financial needs, we chose to host one significant fundraiser this year.

**Company Match – Donation Form**

The donations raised by our event participants will be used to fund field trips, supply the library, media center and classrooms with materials, host an artist-in-residence, sponsor field day, and much more .

On Friday, October 6th, 2017 we will be holding our 2nd Annual **“**CLIVE CRAZY FUN RUN.”There will be approximately 550 participants who will be collecting pledges for this school fundraiser.

Many businesses will match their employee’s fundraising efforts for an event of this nature. Your support of our participants and their families will assist us in meeting our fundraising goals.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s cash gift of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Of which $ \_\_\_\_\_\_\_\_\_\_\_ is to be matched)

Mail your company match donation to:

Clive Learning Academy PTO

1600 73rd Street

Windsor Heights, IA 50321.

Forward any questions to: Jane Van Zee, Fundraising Chair: vanzeejane@yahoo.com

All donations are tax deductible. We are a 501-c3 (**Tax ID Number 42-1355170**.)

Donation Form – Please keep top section for your company records

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Pledge Form – Please detach bottom section from Donation Form, after completion, and return to Employee.

\_\_\_\_\_ Yes, our company, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to provide a matching donation for the 1st annual Clive Crazy Fun Run.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_