

Employee Gift Match Form

PART A: TO BE COMPLETED BY EMPLOYEE

Please complete Part A and send entire form with your contribution (or a copy of the receipt) to StarStruck Corporate Matching Contact.

Name of Company: _____

Address: _____

City/State/Zip: _____

Contribution Amount: \$ _____ or Volunteer Hours: _____

Employee Name: _____

Address: _____

City/State/Zip: _____

PART B: TO BE COMPLETED BY StarStruck Theatre Corporate Matching Contact

Upon completion of this form by StarStruck Theatre, the entire form must be returned to the address shown at the bottom of this form.

As an authorized officer of this organization, I certify receipt of (day/month/year) ____/____/____ of the contribution of: \$ _____ or _____ volunteer hours completed by (donor/volunteer name) _____.

Legal name of organization: StarStruck Theatre

Name of officer: StarStruck Corporate Matching Contact

Contact phone: 510-659-1319 *(please leave message for StarStruck Corporate Matching Contact; email is preferred method of contact)*

Contact Address: 43575 Mission Blvd. #616, Fremont CA 94539

Contact email: starstruckoffice@gmail.com

501(c)(3) tax ID Number: 94-3394511

Signature of StarStruck Contact: _____ Date: _____

StarStruck Theatre should send this completed form along with a copy of our 501(c)(3) letter to:

Insert company return address & company corporate matching contact person here

For Corporate use only:

Approved by: _____ Date: _____