



KPMG FOUNDATION MATCHING GIFT FORM

Employee Name (Please print) (Indicate one: Mr., Ms., Mrs.) _____

Email Address: _____ 7-Digit Employee ID: _____

Office #: _____

Home Telephone Number (Retirees Only) () _____

The minimum gift eligible for a match is \$50 for employees and \$250 for partners. The KPMG Foundation will match up to \$10,000 per donor, per school, each fiscal year (Oct. 1 - Sept. 30). Eligible colleges/universities must be the alma mater of the donor or a school at which KPMG LLP conducts an active recruiting program. For more information refer to <http://hrweb.us.kworld.kpmg.com/hrweb/foundation/gift/index.asp>. Your personal contribution made through the KPMG Foundation will be recognized by the university.

The Foundation match may not be restricted to athletics related gifts of any kind.

For Office use:	
Memorial Recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MO	
Deposit Date	_____
Deposit Batch #	_____
PS Entry Date	_____

Donors should expect written acknowledgement of their gift(s) from the KPMG Foundation within six weeks of receipt.

1. Active Employee 2. Retired Employee
 3. Active Partner 4. Retired Partner

Function

- Audit Advisory
 Tax BPG

Donor's Mailing Address (required for retired partners and retired employees) _____

Have my donation along with the Foundation's match made payable to:

Please Prepare a Separate Form for Each Gift

(Exact name of college or university)

School Code (required) can be found at <https://ups.managehr.com/shared/asp/schoolcode.aspx>

Are you a graduate of the above college or university? Yes No

I confirm that I am not receiving any additional benefits (e.g., sports tickets or reduced tuition for relatives) as a result of this matched gift.

*This gift is to be: unrestricted restricted to the school of business

other (if "other" selected, please include name of fund or purpose) _____

Special Instructions: KPMG/Bernard J. Milano Endowed Scholarship Fund

Note: If you have not checked off one of these three boxes, the money will be directed as determined by the KPMG Foundation. If the Restricted Purpose cannot or is not fulfilled by the university, the Foundation Board of Directors will negotiate with the university to redirect the funds to an appropriate use.

Payment Option 1: PAYROLL DEDUCTION (employees only)	Payment Option 3: CHECK OR SECURITIES/STOCK DONATION/KPMG Gives/Flex Fund
<input type="checkbox"/> Continuously deduct \$_____ per pay period until I notify the KPMG Matching Gift Coordinator in writing that I wish to end this series of deductions. Continuous deductions will be disbursed each time the \$50 minimum amount eligible for a match is fulfilled. OR <input type="checkbox"/> I request that the KPMG Foundation set up deductions as instructed below. (The 1 st deduction should begin within four weeks of the Foundation receiving your form.) \$ _____ per pay period for a total contribution of \$ _____.	<input type="checkbox"/> Enclosed is my check made payable to The KPMG Foundation : Donor Check # _____ Date of Check _____ Amount of Check \$_____ <input type="checkbox"/> A check in the amount of \$_____ will be sent directly to the KPMG Foundation from my donor advised fund / KPMG Gives/Flex Fund. <input type="checkbox"/> Gift of stock/securities transferred to KPMG Foundation's Wells Fargo Company Name _____ Number of Shares _____
Payment Option 2: PARTNER DRAWING ACCOUNT	Payment Option 4: CONTRIBUTION MADE DIRECTLY TO UNIVERSITY (This option is not recommended but is available.)
<input type="checkbox"/> I request that the KPMG Foundation deduct funds from my partner drawing account as instructed below Total Contribution of \$ _____ OR <input type="checkbox"/> I request that the KPMG Foundation deduct funds from my partner drawing account as instructed below. Please deduct \$ _____ per month for a Total Contribution of \$ _____ OR continuously deduct \$ _____ per month until I notify the KPMG Matching Gift Coordinator in writing that I wish to end this series of deductions. (Please note, forms received by the 20 th of each month will be processed in the same month) OR Please deduct \$ _____ from my Partner Draw Account during the month of _____ for the next _____ years.	<input type="checkbox"/> My contribution of \$ _____ has already been sent to the school. Documentation from the school acknowledging receipt of my gift is attached.

Donor Signature: _____

Date _____

Please note: **You must sign this form in order for your contribution to be processed (electronic signature is permissible).** The KPMG Foundation did not provide any goods or services to the Donor in consideration, in whole or in part, for the donation described above. Personal checks and completed matching gift form should be mailed to: KPMG Foundation, 3 Chestnut Ridge Road, Montvale, NJ 07645. All other forms can be emailed to us-kpmgfoundation@kpmg.com or fax to 201-624-7763. For assistance call Tara Perino at 201-307-7932.
Form Revised 10-25-18