

MATCHING GIFTS REQUEST

To Be Completed By Employee/Director

Employee/Director Name _____
Division/Department/Store _____ Address _____
City _____ State _____ Zip _____
Telephone _____ Check one: Full-Time Employee Part-Time Employee Director
Organization to receive gift _____ Amount _____
First, second, third or fourth gift this fiscal year? _____
Employee Signature _____
Corporate Relations approval & date _____

1. Please fill out and **send this form along with your non-profit donation to the eligible institution.**
2. Employees may match up to four donations made to an accredited 501(c)(3) non-profit for a combined total of \$1,000 each fiscal year.
3. **The eligible organization will complete and send the card to Genesco to process the matching gift.**
4. Acknowledgements will be sent to the employee as quarterly matching gifts are processed.
5. For more information, please contact Claire McCall, Director, Corporate Relations, (615) 367-8283

Requests are subject to approval by Genesco Inc. Approval may be withheld in Genesco's sole discretion.



MATCHING GIFTS REQUEST

To Be Completed By Non-Profit Agency

Genesco is proud to partner with its employees and directors as part of its ongoing commitment and support to the non-profit community. Please read these instructions carefully and return the information below. Please call Claire McCall at (615) 367-8283 with questions.

I certify that this contribution has been received and that this organization has qualified for federal income tax exemption under 501(c)(3) of the Internal Revenue Code.

Authorized signature _____ Date _____
Name _____ Title _____
Organization _____ Telephone _____
Address to send remittance _____

Send completed form with authorized signature along with proof of the organization's 501(c)(3) status to: Claire McCall, Genesco Corporate Relations, P.O. Box 731, Suite 490, Nashville, Tennessee 37202-0731.

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