Matching Gift Program

Incomplete Applications Will Be Returned.

11320 Watertown Plank Road Wauwatosa, WI 53226

Please Complete all Areas of Part A Including Date of Gift and Signature (Please Print Legibly)

Associate Information: Last Name	Mid	dle Initial	First Name
PART A Donor: Please comple	te Part A and forward this entire	form to the i	nstitution with your gift
Organization Receiving Gift: Complete Name of Recipient (Do No	ot Abbreviate)		
Organization Street Address			
City	State		Zipcode
Gift Information: Cash Gifts Only	- A minimum of \$50 and maxim		
Exact Date of Check / Gift Month	Day Year	Amou	nt (Cash or Check) \$ Cents
	that my gift is a personal contribution	n in compliance	with the terms and conditions of the program and
Employee S	gnature		Date Signed
•	te Part B and mail this entire for ift Program c/o Bostik, Inc.	m	Certification of Receipt of Gift
TAX-DEDUCTIBLE PORTION OF CIET	FIRST TIME REQUES	TFR If this is	the first time you are participating in the Rostik
TAX-DEDUCTIBLE PORTION OF GIFT	Inc. Matching Gift Progr	am, please attac	the first time you are participating in the Bostik h a copy of your 501 (c)(3) tax ruling
\$ Cents	Inc. Matching Gift Progr letter issued by the Feder	ram, please attac al Internal Reve	
	Inc. Matching Gift Progr letter issued by the Feder financial statement, broch and phone number.	ram, please attac al Internal Reve nure or other ma	h a copy of your 501 (c)(3) tax ruling nue Service, your current 990 tax filing
Dollars Dollars Cents Federal ID # I verify the receipt of the above described gi that no direct tangible benefit will accrue to the second secon	Inc. Matching Gift Progress letter issued by the Feder financial statement, brock and phone number. Name of Organization (as the donor, any member of the donor's far ganization. I further understand that I	ram, please attactal Internal Revenure or other mass shown on 501 organization unonly, or anyone of Bostik, Inc. research	h a copy of your 501 (c)(3) tax ruling nue Service, your current 990 tax filing terials describing your organization's activities
S Dollars Cents Federal ID # I verify the receipt of the above described gi that no direct tangible benefit will accrue to the support the primary objectives of the organization.	Inc. Matching Gift Progress letter issued by the Feder financial statement, brock and phone number. Name of Organization (as the donor, any member of the donor's far ganization. I further understand that I	ram, please attactal Internal Revenure or other mans shown on 501 corganization undily, or anyone of Bostik, Inc. resease necessary.	h a copy of your 501 (c)(3) tax ruling nue Service, your current 990 tax filing terials describing your organization's activities (c)(3) letter) If Different From Part A der Section 501(c)(3) of the Internal Revenue Code, designated by the donor and that the gift will be used
S Dollars Cents Federal ID # I verify the receipt of the above described gi that no direct tangible benefit will accrue to the support the primary objectives of the organization of the program and to request support the program and to request support in the program and the	Inc. Matching Gift Progress letter issued by the Feder financial statement, brock and phone number. Name of Organization (as the donor, any member of the donor's far ganization. I further understand that boorting donor documentation it consider the Date Sign	ram, please attactal Internal Revenure or other mans shown on 501 corganization undily, or anyone of Bostik, Inc. resease necessary.	h a copy of your 501 (c)(3) tax ruling nue Service, your current 990 tax filing terials describing your organization's activities (c)(3) letter) If Different From Part A der Section 501(c)(3) of the Internal Revenue Code designated by the donor and that the gift will be used erves the right to audit our records and documents Phone Number
Dollars - Federal ID # I verify the receipt of the above described gi that no direct tangible benefit will accrue to the support the primary objectives of the organization pertaining to this program and to request support Signature	Inc. Matching Gift Progress letter issued by the Feder financial statement, brock and phone number. Name of Organization (as the donor, any member of the donor's far ganization. I further understand that boorting donor documentation it consider the Date Sign	ram, please attactal Internal Revenure or other managers shown on 501 organization under mily, or anyone of Bostik, Inc. resease necessary.	h a copy of your 501 (c)(3) tax ruling nue Service, your current 990 tax filing terials describing your organization's activities (c)(3) letter) If Different From Part A der Section 501(c)(3) of the Internal Revenue Code designated by the donor and that the gift will be used erves the right to audit our records and documents Phone Number

Please complete all applicable areas of PART B.

Bostik, Inc. Donations Program Employee Volunteerism

Employee Name:	Date:				
As part of the Bostik, Inc. Donations from December 1st through November		ill be made to the organization	on(s) of the employee's	choice for volunteer	work performed on an annual basis
		20 - 50 hours 50 - 100 hours over 100 hours	\$250 \$500 \$1,000		
List below the number of vol	unteer hours worked. A	signature of a representative	e of each Organization	is required to verify t	he volunteer hours worked.
Name of Organization	# Hrs. Worked Organizatio		gnature	Title	Phone Number
Dona		Donation Allowance Organization: Address:			
Dona	ntion Amt.:	Organization:			

All organizations listed above must meet the criteria of the Bostik, Inc. Donations Program. Please include proof of the organization's tax exempt status when you send this form to hrdata@bostik.com

This form must be received by Human Resources no later than December 1st of each year for a donation to be made in that year.