



Corporate Social Responsibility Program / Corporate Giving Request

Complete the appropriate sections of the form for one program only and forward it with any required documentation to Human Resources. Maximum total donations for all programs per year per employee = \$750.

INFORMATION REQUIRED FOR ALL RECIPIENT CHARITABLE ORGANIZATIONS			
If possible, obtain an IRS Form W-9 from the organization and attach it to this request. If a W-9 is attached, this section does not need to be completed except for verification of the 501c3 status.			
Legal name (as filed with IRS)			
Federal tax number (EIN)			
Remittance address			
<input type="checkbox"/> Organization's 501c3 status verified at IRS EO Select Check .			

VOLUNTEER INCENTIVE PROGRAM (VIP)			
Dynavax will donate \$500 to an eligible organization when an employee has volunteered there at least 50 hours in a calendar year (not as part of Volunteer Time Program or Team Incentive Program). Grant request must be made in same year as time volunteered.			
Employee name			
Organization name			
Number of hours volunteered		Dynavax contribution amount	
Documentation required: <input type="checkbox"/> Employee journal of dates and hours volunteered. <input type="checkbox"/> Letter from organization on official letterhead, confirming total number of hours volunteered by employee.			

MATCHING INCENTIVE PROGRAM (MIP)			
Dynavax will match employee donations to eligible organizations; \$25 minimum, \$250 maximum.			
Employee name			
Organization name			
Employee contribution amount		Dynavax contribution amount	
Documentation required: <input type="checkbox"/> Statement or letter from organization.			

TEAM INCENTIVE PROGRAM (TIP)			
Dynavax will provide appropriate gear for all team members for fundraising events with at least 8 Dynavax employees on the team (one sponsored team per event), and will match funds raised by employees up to \$800 per team. Team leader must be Dynavax employee.			
Before the Event			
Team leader name			
Event or organization name			
Estimated cost of gear			
After the Event			
Total funds raised by team		Dynavax contribution amount	
Documentation required before the event: <input type="checkbox"/> List of team members. <input type="checkbox"/> Statement from proposed supplier with description of gear and estimated total cost.			
Documentation required after the event: <input type="checkbox"/> Statement from organization for each team member desiring to have funds matched.			

EMPLOYEE SIGNATURE: _____

DATE: _____