

## APPLICATION FOR THE BERKSHIRE HATHAWAY ENERGY MATCHING GIFT PROGRAM

To be considered for matching gift funds, completed application forms must be received at the Matching Gift Program office by Dec. 31 of the year in which the donations were made.

### Part A: To be completed by donor

Please complete this section and submit the form with your donation to the eligible organization. Please type or print.

Employee full name (including middle initial): \_\_\_\_\_

Company: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Work city and state: \_\_\_\_\_ Interoffice address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

☐ I am a full-time employee (part-time employees are not eligible)

Organization receiving gift: \_\_\_\_\_

Donation of \$ \_\_\_\_\_ (minimum amount matched is \$25; annual maximum per employee is \$1,500)

This donation is: ☐ Unrestricted ☐ To be used for: \_\_\_\_\_

Donor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part B: To be completed by eligible organization

A copy of your organization's IRS 501(c)(3) tax determination letter MUST be enclosed with this form.

To qualify for a matching grant from MidAmerican Energy Foundation, the undersigned, on behalf of the eligible organization, hereby certifies that:

1. The eligible organization does not receive general operating funding from the United Way. \_\_\_\_\_ (initial)
2. The program for which a matching grant is being requested does not receive funding from the United Way. \_\_\_\_\_ (initial)
3. The eligible organization is "eligible" under the Matching Gift Program policy (please refer to page 2 for the policy). \_\_\_\_\_ (initial)
4. In anticipation of receiving matching grants, no goods or services will be provided to Berkshire Hathaway Energy or business platform or MidAmerican Energy Foundation in consideration of a matching grant. \_\_\_\_\_ (initial)
5. A donation as described above in the amount of \$ \_\_\_\_\_ was received on \_\_\_\_\_ (date)

Name of eligible organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mr. ☐ Mrs. ☐ Ms. ☐ Name of certifying officer: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the completed form and a copy of the IRS 501(c)(3) tax determination letter to:  
[matchinggiftprogram@midamerican.com](mailto:matchinggiftprogram@midamerican.com), or Matching Gift Program c/o Berkshire Hathaway Energy,  
P.O. Box 657, Des Moines, IA 50306-0657