## **Employee Charitable Contribution Matching Form**

James Hardie Building Products, Inc. 26300 La Alameda, Suite 400 Mission Viejo, CA 92691 Telephone: (949) 348-1800 Facsimile: (949) 348-4534

## Part 1 - To be completed by employee, then forwarded to institution with gift

Employee Name (please print)	Business Telephone	Business Email Address
Exact Date of Gift	Amount of Contribution	
I certify that the information s Charitable Contribution Matc		ts my personal gift under the provisions of the
	Employee Signatu	ure
Part 2 – To be completed by i	nstitution/organization, then retu	rned to:
James Hardie Building Produ Charitable Contribution Matc Attention: Catherine O'Reilly 26300 La Alameda, Suite 400,	h Program	
Name of Institution/Occasiontia		ontact Name (please print)
Name of Institution/Organizatio		oritati Hamo (prodos print)
Address (No. & Street) City, Sta		
Address (No. & Street) City, Sta  Telephone Number  Please attach a copy of your cannot be processed without	ete, Zip Code & Country  EIN Number Current U.S. Internal Revenue Selection this letter and the above information and available for matching in a given	
Address (No. & Street) City, Sta  Telephone Number  Please attach a copy of your cannot be processed without quarterly basis unless funds	ete, Zip Code & Country  EIN Number current U.S. Internal Revenue Selection this letter and the above information available for matching in a given llowing fiscal year.	oer rvice (IRS) exemption letter. Matching funds ition. All matching gifts will be made on a