

CORPORATE MATCH FORM

Instructions: All full-time U.S. New Balance Athletics, Inc. associates are eligible to apply for a match. Please complete this request form, along with the following required documents:

- Letter or receipt from organization providing proof of contribution, preferably with the organization's 501(c)(3) number. If the organization you made the donation to is a "501c4" organization vs. 503(c)(3), please name and include its fiscal sponsor's 501(c)(3) number below*

OR

- Attach a copy of your check or credit card statement if the organization did not provide a receipt.

BOSTON, LAWRENCE, RETAIL, REMOTE: MICHELE WONG, Charitable Programs, Boston

ST. LOUIS: KATHY DEPPE, Human Resources, St. Louis

MAINE: KATE BARTLEY, Charitable Programs, Norridgewock

All boxes must be filled in.

Requester Information

Associate Name:

NB Facility:

Work Telephone #:

Organization Information

Name of Charity or Fiscal Sponsor:

501(c)(3) Tax ID #:

Contact Name:

Title:

Business Telephone #:

E-mail, if available:

Street Address:

Associate Contribution

Amount of Contribution:

Date of Contribution:

*If applicable, please include the fiscal sponsor's contact information and address, as NB funds will be directed there and earmarked for the charity of your choice in the NB letter that is sent with the check.



CORPORATE MATCH FORM

Was this contribution made in support of a specific project, program, event, fundraiser or department?

NOTE: If your organization has a fiscal sponsor, please list the organization name here.

Yes No

If yes, please explain:

Match Request

Amount of Request \$:

NOTE: This amount alone, or in combination with other contributions in your name, cannot exceed \$500 during the same calendar year.

Associate Signature:

Date:

Match Timeline: Matches will be processed, with checks generated and mailed after the close of each quarter. If the request is approved, the contribution will be sent directly to the organization, with a letter stating that the contribution is made in your name. If the request is not approved, the requester will receive a notice.

Important: Completion and submission of this form certifies that the information contained within is true and accurate. The inclusion of false and/or misrepresented information may result in the exclusion in the program and possible disciplinary action, including termination.

