### **Tremco Incorporated**

# **Application for Match Request to Charitable Organizations**

Tremco Incorporated offers a Charitable Matching Program for Company employees who wish to offer financial support to charitable organizations of their choice. Qualifying organizations include those that focus on: providing basic and special needs for individuals, families, children, or the aging, including health and wellness; community health; environmental; and/or education. Active employees may contribute from \$100 to \$1,000 each fiscal year. Tremco Incorporated will match contributions to qualifying organizations on a one-to-one basis, not to exceed the maximum of \$1,000 each fiscal year.

# **Eligible Persons**

Full-time employees of the Company.

### **Qualifying Organizations**

- <u>US:</u> Organizations are generally eligible if they are a 501 (c) (3) organization or an approved educational institution recognized by the state in which the employee lives.
- CANADA: Charitable organizations registered with Canada Revenue Agency.

### Administration

 Proof of the contribution, a copy of the organization's W-9 and the match request application below must be sent to the applicable Human Resources Department to be processed.

| Do  | onor Information  |
|---|---|
| Attached is a record of my personal gift in | n the amount of \$ to the following   |
| Charitable organization                     | . The Charitable  |
| organization's address is                   |   |
| I request that the amount of \$             | be matched by Tremco Incorporated.  |
| Name  | Signature   |
| Positior                                    | Date  |
|   | e charitable organization listed above to report my he purpose of qualifying for a matching contribution. |
| *************                               | ************  |
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