VULCAN MATERIALS COMPANY MATCHING GIFTS PLAN APPLICATION FORM

PART A: Participal	nt Gift (To be complete	ed by employee and sen	t with contribution to recipient organi	ization.)
				Date of Gift
Contribution made to	(D.:			
(Print complete name of recipient organization) Enclosed is my personal gift of:				Organization Type: □ Educational Institute □ Hospital
				☐ Cultural Organization
Cash or che	ck in the amount of \$_			*see eligible recipient informat
2) Stock gift of	fsha	res of	pe of security and company)	
	· ·		t of \$	
hospitals and cultural		for-one-basis), subject t	an (i.e., eligible educational institution to the aggregate annual maximum of \$	
I request the	Company's matching p	gift be limited to \$		
Participant Informatio	n			
Name:			Email:	
Address:				
Division/Location:			Employee ID (op	otional)
	(if retired, indic	ated previous location)		otional)
Status of participant:	☐ Employee	☐ Retiree - List Re	tirement Date:	
	☐ Director	_		
	☐ Charitable Fo	☐ Charitable Foundation - List Retirement Date, if applicable:		
I certify that this conti	ribution complied with	he provision of the Plan	n contained herein:	
			Signature of Participant	
PART B: Recipien	t Organization's Ce	rtification (To be con	mpleted by the recipient organizat	cion.)
	bution described in Part is eligible under the pro			d that the
Recipient Organization Name			Signature of Financial Officer	
Street Address			Printed Name of Financial Officer	
City, State, Zip			Phone	
Tax ID			Email	

Return completed form to: Vulcan Materials Company, Community Relations Department,
P. O. Box 385014, Birmingham, AL 35238-5014
Inquiries may be directed to: (205)298-3229 or communityrelations@vmcmail.com