

# AGRIBANK DONATION MATCH REQUEST FORM

## Part I: Employee Portion

Employee: Please print out this form, complete, sign and mail to the organization of your choice, along with your personal contribution. **The yearly allotment per employee is \$250.**

Today's Date \_\_\_\_\_

**CONTRIBUTION AMOUNT** \_\_\_\_\_ (\$20 minimum)

Institution Receiving This Gift \_\_\_\_\_

AgriBank Employee \_\_\_\_\_

Home Address \_\_\_\_\_

Employee Signature \_\_\_\_\_

## Part II: Organization Portion

Receiving Organization: Please complete this portion of the form, sign and return entire form to the address below.

*"I certify that this institution meets the following requirements: 1) Registered with the IRS [501(c)(3) of the IRS Code] as charitable, nonprofit, and tax-exempt; 2) is not political in nature; and 3) has a nonprofit status separate from a church or other religious institution."*

Date \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

**FINANCIAL REPRESENTATIVE:  
PLEASE INCLUDE A COPY OF YOUR TAX-EXEMPT LETTER WITH  
THE RETURN OF THIS FORM.**

Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please return entire form to:**

AgriBank, FCB  
Donation Match Program 5E-23  
Laura Kemmerer - Human Resources Department  
375 Jackson Street  
St. Paul, MN 55101

**THANK YOU!**