



Allstate[®]

Foundation

Matching Grant Program Application Form

The Allstate Foundation intranet Web site - <http://cr/foundation/indexmgrp.htm>

Part A

**Must be completely filled out by Allstate employee,
exclusive agent, or exclusive financial specialist.
(Submitted applications must have original signatures.)**

Allstate applicant

SAP Personnel Number (Employee)

Agent Number

Office address

City, State, ZIP

Work phone

Home address

City, State, Zip

Name of institution

Address

City, State, Zip

Date

Amount

I have read the provisions of The Allstate Foundation Matching Grant Program and attest that this gift is made according to the guidelines set forth.

Signed

Part B

**To be completed by academic institution
and signed by its program manager.
(Submitted applications must have original signatures.)**

I hereby confirm that a gift of \$ _____ was received. This Institution is qualified to receive a matching gift under the Provisions of The Allstate Foundation Matching Grant Program For Higher Education. **The Matching grant will be directed to the general scholarship fund.**

Signature of Program Manager

Date

Name (Printed or typed)

Title

Name of institution

Complete mailing address of institution

Complete immediately and mail to:

Phone Number

Matching Grant Program
The Allstate Foundation
2775 Sanders Road, Suite F4
Northbrook, IL 60062-6127

Applications received between August 1, 2009 and August 1, 2010 will be processed during August 2010. Checks will be mailed in October 2010.

Revised 10/01/09