



Charitable Donations

Date of Request:

Date Needed By:

Requested By:

Dept: Group:

Issue check as follows:

Amount: \$ _____

Payable to: _____

Address: _____

c/o: _____

Tax ID #: _____

Telephone #: _____

Below, please include a brief description of the organization and your involvement, if applicable. Also, if available please include any other information on the organization or event, such as a flyer, registration form, etc.

Ares Management LLC will match 100% up to a maximum of \$2,000 annually, of your contribution amount. Please attach proof of your contribution such as a copy of a cancelled check, credit card statement, or thank you acknowledgment and submit to Accounts Payable.

accountspayable@aresmgmt.com

| 2000 Avenue of the Stars, Floor 12 | Los Angeles, CA | 90067 | 310.201.4100 | www.aresmgmt.com |