



**Charitable Contribution Match
Application Form**

To be completed by the employee (Please type or print)

Employee Name (Last) (First) (Initial)

Street Address (home)

City State Zip Code

Business Unit Name/Location

Work e-mail Address

Employee WWID

To be considered for a matching gift under the Program, the organization must qualify under Section 501(c)(3) of the Internal Revenue Code.

Name of Charitable Organization

Organization's Contact Name

Mailing Address of Charitable Organization

City State Zip Code

Telephone Number of Charitable Organization Federal Tax ID Number

Amount of Gift Date of Gift

"I certify that I qualify as an eligible employee for participation in this program. I am making this gift under the conditions stated on this form, and in compliance with the Avis Budget Group Charitable Contribution Match Program."

Signature of Employee Date

Return form, copy of check to charitable organization, and a receipt from charitable organization showing address and federal tax id number to:

The Answer Place
Attn: Charitable Contribution
300 Centre Pointe Drive
Virginia Beach, VA 23462
1-866-827-2347