

Birkenstock USA, LP Employee Contribution Form

To be completed by employee and provided to agency or institution with contribution

Obtain pre-approval: This request follows the guidelines of the Birkenstock Matching Gift Program.

Signature of HR Representative

Check one:

____ Non-profit agency matching gift

____ Higher education matching gift

To:

Non profit or higher education institute name

Address: _____

Enclosed you will find my contribution of \$_____

I authorize the non-profit agency or higher education institute named above to report this gift to Birkenstock USA, LP to obtain a contribution under the provisions of the Employee Matching Gift Program

Employee Signature

Print Name

Date

Matching Gift Verification Form

To be completed by agency or institute and returned to Birkenstock USA, LP.

I certify that a contribution of \$_____ was received by us from:

_____ on _____
Name Date

And further certify that this gift does not entitle the donor to any material benefit from our organization.

This organization is recognized by the US Treasury Department as one to which contributions are deductible by the donor for Federal income tax purposes.

_____ Yes _____ No

Please attach a copy of the IRS 501(c)(3) tax exempt letter or, if a higher education institute, please state whether accredited.

Name and address of agency or higher education institute:

Name: _____

Address: _____

Signature of authorized representative

Please return this form to Birkenstock USA, LP., 6 Hamilton Landing Suite 250, Novato, CA 94949, Attn: Human Resources.