



## Charitable Giving Program

**EnerNOC will match each employee one (1) time each year, up to \$100, when the employee donates to a charitable organization.**

Employee Name: \_\_\_\_\_  
Donation Date: \_\_\_\_\_  
Donation Amount: \_\_\_\_\_  
Name of Organization: \_\_\_\_\_  
Organization Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

**NOTE: Effective January 1, 2009, each charitable match requestor MUST submit  
A W-9 form that has been completed by the charity.**

**Requestors must submit 1) this form, 2) the completed W-9 and 3) proof of donation  
and scan/email to [benefits@enernoc.com](mailto:benefits@enernoc.com).**

**Incomplete submissions will be returned to requestors.**

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### ACKNOWLEDGEMENT

I attest that this donation was made by me to a bona-fide not-for-profit charitable organization.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date