



Application for The ACE INA Foundation "A Gift of Time" Program

Please fill out all sections completely and accurately. The ACE INA Foundation cannot return or process incomplete or inaccurate forms.

For Official Use Only	Date Received:
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**Part A:
Volunteer Information**

Check Box if Yes:

Has your work address changed?

To be completed by volunteer. Please print or type.

Last Name:	First Name:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Employee ID:		Date Hired (Month/Day/Year):		
Office Address:		Routing code:		
City:	State:	Zip Code:		
Telephone Number:				
Volunteer Status: <input type="checkbox"/> Active Employee with 6 months service				
Home/Mailing Address:				
City:	State:	Zip Code:		
Organization at which you volunteered:				
Organization Type:	<input type="checkbox"/> Education	<input type="checkbox"/> Health & Human Services	<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Other
Number of hours volunteered (min. 40):				
Gift Value: \$250				

Certification: I certify that I volunteered at a qualifying educational, health & human services, or arts and culture organization as defined under RECEIPT ELIGIBILITY. Furthermore, I certify that I meet the volunteer eligibility requirements set forth in the guidelines. I understand that the "A Gift of Time" gifts are contributions from The ACE INA Foundation and are not from me. In addition, I understand my volunteer hours are not to be used for religious or political purposes, or to fulfill a religious or political commitment.

Signature: _____ **Gift Date:** _____

**Part B:
Recipient Information**

Name of Organization:	Tax ID Number:	
Address:		
City:	State:	Zip Code:

To be completed by a fiduciary of the recipient. Please print or type.

Verification: I verify receipt of the volunteer hours described in Part A, and certify that this organization is a nonprofit public institution/organization, and that contributions to it are tax deductible under Sections 501(c)(3) and 170(b) of the Internal Revenue code of the United States. Moreover, this institution/organization is not a private foundation as defined in Section 509(a) of the Internal Revenue Code, nor does it discriminate on the basis of race, sex, color, or creed. Furthermore, I certify that this gift does not represent in any way tuition or payment in exchange for, or in expectation of, monetary or other benefits; nor is it intended for political purposes, or to fulfill a religious or political commitment.

Signature: _____ **Date Signed:** _____

Print Name: _____ **Title:** _____

INFORMATION FOR ORGANIZATION: The ACE INA Foundation disburses once each year. Verified records must reach The ACE INA Foundation by January 31 for the payment cycle. All applications received after this date will be considered for the following disbursement cycle. Gifts are not matched retroactively. The ACE INA Foundation reserves the right to make final determination as to the eligibility of all "A Gift of Time" gift recipients.

Please return to:

The ACE INA Foundation, "A Gift of Time" - 436 Walnut Street, WA01M, Philadelphia, PA 19106-3703.