

U.S. Community Partnerships

GlaxoSmithKline's Investment in Volunteer Excellence (GIVE)

Application Form (Application must be **received** within 30 days after the completed volunteer service.)

Please print all information except signatures.

_____ Number of volunteer hours GSK employee or his/her spouse/domestic partner volunteered. (Minimum number of hours is 50 in a calendar year. No partial hours.)

_____ through _____ (mm/yyyy)
(Volunteer dates must be within a calendar year – Jan. 1- Dec. 31.)

_____ IRS name of organization

Limit of 17 characters (If applicable, specify group within the organization associated with volunteer activity: e.g., Smith classroom, symphonic band, French class.)

_____ Federal Tax ID Number
(Always nine digits - e.g., 22-5678345. Ask your organization contact or chief financial officer for this number.) This must match the number on the IRS letter of determination.

_____ Organization Street Address

_____ Organization PO Box (in addition to street address)

_____ City State Zip+4

_____ Organization Telephone Organization FAX

_____ Organization E-mail Organization Web Address

_____ Organization Contact Name

Mr. Mrs. Ms. Dr. Other _____

_____ Contact's Title: (e.g., Executive Director, Principal)

_____ Volunteer's activities with the organization: _____

_____ Volunteer Name

Volunteer is: employee or spouse/domestic partner

_____ Volunteer Home Street Address

_____ City State Zip+4

(_____) _____ - _____ Volunteer Work Telephone

(_____) _____ - _____ Volunteer Home Telephone

_____ GSK Employee's Name (first & last) – if not the volunteer

Employee works full-time part-time (minimum 20 hr/wk)

Business Unit Pharma R&D GMS Corporate CH

_____ GSK Hire Date (mm/dd/yyyy)

_____ Employee ID

_____ GSK Work Address (include bldg. & office #, if applicable)

(_____) _____ - _____ GSK Day Time Telephone

Remember - If not already on file, please obtain a copy of the organization's 501(c)(3) IRS tax exemption status letter. This and any other required organization information must be submitted with the application. For public schools that do not have 501(c)(3) status, you must submit a letter from the school as outlined in the GIVE guidelines.

Certification: By submitting this application, the volunteer and/or the employee (if not the volunteer) certify that the information in the application is correct and reflects the actual hours volunteered. To be eligible, the volunteer must contribute a minimum of 50 hours during a calendar year. The nonprofit organization must have an IRS 501(c)(3) exemption status or Section 170(c)(1) designation. For more detailed information on who can participate and eligibility requirements, please review the reverse side of this application.

_____ Volunteer Signature

_____ Date

_____ Employee Signature - if not volunteer

_____ Date