

Greif, Inc.

Contributions

Matching Funds Request

Employee Name _____

Address _____

Plant or office where employed: _____

Involvement in organization (if any): _____

Organization Name _____

Address _____

Tax ID number: _____

Is this a 501(c)3-qualified organization? _____

Type of organization and its purpose _____

Please explain or include any information you feel will aid the Contributions Committee in making a decision on matching funds: _____

Send with your check made payable to the charity (or a copy of your check or a copy of a receipt) to:

Contributions Committee
Greif, Inc.
425 Winter Road
Delaware, OH 43015