

# Greif, Inc. Contributions

## Matching Funds Request

### Employee

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Plant or office where employed: \_\_\_\_\_

Involvement in organization (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Organization

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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 to:

Deb Strohmaier  
Contribution Committee  
Greif, Inc.  
425 Winter Road  
Delaware, OH 43015