

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:

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