



# HBFCONNECT

Through HBF Connect, H.B. Fuller will donate \$300 for general operating support to qualifying nonprofit organizations at which an employee volunteers 50 hours or more in a fiscal year.

### Eligibility

**HBF Connect** is available to full-time employees who have been with the company at least three months, retired employees, and immediate family members of current or retired employees.

Eligible employees and retirees may receive a **maximum of two HBF Connect donations** per year.

**Applications** must be submitted within the same fiscal year in which volunteer service occurred.

**Note:** H.B. Fuller's fiscal year runs from December to November.

**Forms must be completed** by the volunteer and the recipient organization and then submitted to Community Affairs.

**Checks** will be sent directly to the recipient organization.

Charitable, tax-exempt 501(c)(3) organizations **are eligible** to receive HBF Connect donations.

Religious, political, fraternal, professional or veterans' organizations **are not eligible**.

### Volunteer Information (to be completed by volunteer)

Employee/Retiree Name (please print): \_\_\_\_\_

Volunteer Name (if different from above): \_\_\_\_\_

Relationship to H.B. Fuller (employee, retiree, family member of employee/retiree): \_\_\_\_\_

Employee/Retiree Email: \_\_\_\_\_

Employee/Retiree Phone: \_\_\_\_\_

Employee/Retiree Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Organization (legal name): \_\_\_\_\_

Brief description of volunteer activity: \_\_\_\_\_

Total hours volunteered: \_\_\_\_\_

Dates of volunteer service (mm/dd/yy – mm/dd/yy): \_\_\_\_\_

Employee/Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Form continued on back*

**Organization Information** (to be completed by organization and submitted to H.B. Fuller)

Organization (legal name): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

EIN Number: \_\_\_\_\_

Total hours volunteered: \_\_\_\_\_

Dates of volunteer service (mm/dd/yy – mm/dd/yy): \_\_\_\_\_

Organization Contact (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this form to:**

H.B. Fuller Community Affairs  
1200 Willow Lake Blvd.  
St. Paul, MN 55110

**Contact Community Affairs at 651-236-5364 with questions.**

*This program may be suspended, changed or terminated at any time.*