

TO BE COMPLETED BY THE EMPLOYEE

Employee Name please print	I hereby request that the Haas, Jr. Fund make a grant equal to two times my contribution to the following organization:		
I have been a Haas, Jr. Fund	upon receipt of the completed form below.		
employee for at least one year and this request conforms to	My gift and the Haas, Jr. Fund match will be		
the Fund's Guidelines for	used for the following purpose (e.g., general		
Matching Grants.	support, equipment, etc.):		
I enclose my check #			
in the amount of			
¢			

Signature/Date

MATCHING GIFTS APPLICATION

TO COMPLETED BY THE NONPROFIT ORGANIZATION

I verify receipt of the ta	ax deductible gift	of \$	and
certify that: (a) no direct tangible be employee donor or any (b) the gift will be used organization and only I (c) this organization ha under Section 501(c)(3) required for public sch (d) this organization opgiving policy and does not the basis of age, poliethnicity, gender, disable	of his/her family to support the probe used for the puse qualified for feed and 509(a) of the cools, public hospiperates in according to discriminate a ditical affiliation, response to the cools, public hospiperates in according the cools, public hospiperates in according the cools, public hospiperates in according to the cools, public hospiperates and the cools, public hospiperates and the cools has been according to the cools have according	members; rimary objective irpose given abderal income ta e Internal Reve itals, or govern with the Haas, against any per ace, national of	res of this reve; ax exemption cnue Code (not ment entities); Jr. Fund rson or group rigin,
Signature/Date			
Name/Title (Please prin	nt)		
Mailing Address			
City,	State	Zip	
Phone Number		_	
Tax I.D. no.		_	
Please attach a copy of return it with this form with the Fund you need	. If your tax exen	npt status is alı	
Return to: Michael Blake Evelyn and Walter Haas 114 Sansome St., Suite of San Francisco, CA 941	600		