

## Community Program Funding Request Form

Please **fully complete** and submit to Human Resources. HR will review the request and process through accounts payable. Please attach any documentation or backup for the donation. If requesting matching grant please attach receipt of your donation.

Type of Request (check all that apply)     Event Sponsorship     Anniversary Award  
    Matching Grant                     New Parent Award

Your Name and Division: \_\_\_\_\_

Organization Requesting Donation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone and Fax: \_\_\_\_\_

Email and Website: \_\_\_\_\_

Is the organization **501c3**? \_\_\_\_\_

**Federal Tax ID Number:** \_\_\_\_\_

If requesting event sponsorship, please describe your active involvement with this organization: \_\_\_\_\_

Please list any additional employees involved with this request (through their own event sponsorship or matching grant request) \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Please check a box:                     Return check to me                     Send check to charity

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Account Code  
(For accounting purposes)

\_\_\_\_\_  
Date