

SC JOHNSON FUND, INC. DOLLARS FOR DOERS PROGRAM APPLICATION

PART A – To be completed by volunteer		
STATUS: <input type="checkbox"/> Employee <input type="checkbox"/> Retiree		COMPANY AFFILIATION: <input type="checkbox"/> SC Johnson <input type="checkbox"/> JohnsonDiversey
FIRST NAME	MIDDLE INITIAL	LAST NAME
HOME STREET ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		
DAYTIME PHONE NUMBER		
RECIPIENT ORGANIZATION		
ORGANIZATION CITY	ORGANIZATION STATE	
<input type="checkbox"/> <i>I have met the 40 hour program requirement.</i> Estimated number of volunteer hours per year for organization: _____		
DESCRIPTION OF VOLUNTEER SERVICE		
<i>I hereby certify that this application is based upon my personal volunteer time. I further certify that no compensation was received and that neither I, nor any member of my family, will receive – either now, or in the future – any benefit in consideration of this application for a contribution.</i>		
Volunteer Signature _____		Date _____

PART B – To be completed by recipient organization		
FEDERAL TAX I.D. NUMBER (EIN NUMBER)		
LEGAL NAME OF RECIPIENT ORGANIZATION		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL OR WEB ADDRESS		
VOLUNTEER NAME:		
VERIFIED HOURS OF VOLUNTEER SERVICE		
PERIOD OF SERVICE FROM: _____ TO: _____		
<i>I hereby certify that the above named organization has verified the stated hours of volunteer service from the employee/retiree identified above. I further certify that both the nature of the volunteer service and the mission of the recipient organization meet the eligibility requirement of the SC Johnson Fund, Inc. Dollars for Doers Program.</i>		
NAME		
TITLE		
Authorized Signature _____		Date _____
PHONE NUMBER		
FAX NUMBER		
MAIL COMPLETED FORM TO: SC Johnson Fund, Inc. Dollars for Doers Program P. O. Box 8498 Princeton, NJ 08543-8498		

SUBMISSION DEADLINE:
Participating organization must submit this within 90 days of receipt to be eligible for a contribution.