

DIAGEO

APPLICATION FOR NON-PROFIT 501(c) (3) MATCHING GIFTS PROGRAM

INSTRUCTIONS:

1. Employee **must** read Matching Gift Policy on Diageo One
2. Eligible Participant fills out PART A.
3. Eligible Participant sends this form, with PART A completed **and** gift or proof of gift to 501(c)(3) Institution
4. 501(c)3 Institution completes PART B
5. 501(c)3 Institution returns completed form with proof of Eligible Participant's gift to:

Joyce Somers
 Diageo
 801 Main Avenue
 Norwalk, CT 06851

Or scan and email form and proof of gift to joyce.somers@diageo.com

PART A: To Be Completed by Eligible Participant

Employee Name	Eligible Participant's Name (if different from Employee)
Contact Phone # Where You Can Be Reached	Contact Email Address Where You Can Be Reached
Home Street Address	
City, State and Zip	
Complete Name of 501(c)(3) Institution	
Please initial the statements below in the box to the left of the statement	
	Enclosed is my gift or proof of my gift (check one) <input type="checkbox"/> A personal check in the amount of _____ <input type="checkbox"/> Proof of a check already sent in the amount of _____ <input type="checkbox"/> Securities to be transferred _____ <input type="checkbox"/> Proof of securities already transferred _____ <input type="checkbox"/> Credit card receipt _____
	I certify that my gift complies with the provisions set forth in the Matching Gift Policy
	I certify that the above gift was made from my personal funds.
	I authorize the 501(c)3 Institution named above to confirm my gift to the Diageo North America Foundation for the purpose of qualifying for a matching gift.
Employee Signature	Eligible Participant's Signature (if different from Employee)
Date	Date

Please note, the payment time can vary widely due to the responsiveness of the 501(c) (3) Institution and the Diageo payment policy. Please ensure that you have read the Matching Gifts policy on Diageo One, the Institution is a recognized 501(c) (3) and that Part A is complete to reduce the possibility of the request being rejected. Matching gift checks will be voided if not cashed within six months of issuance and may not be reissued.

PART B: To Be Completed by an Appropriate Financial Office of the 501(c)(3) Institution

I certify that an outright gift as shown above has been received by this institution from:

and that this institution:

1. Is exempt from taxes under section 501(c) (3) of the Internal Revenue Code
2. Meets all the conditions set forth in the eligibility requirements page

NAME OF 501(c)(3)INSTITUTION	AUTHORIZED SIGNATURE
STREET ADDRESS	TITLE
CITY STATE ZIP CODE	DATE

A photocopy of the donor's gift MUST be attached or gift will not be matched.