## MATCHING DONATION AUTHORIZATION FORM

PART 1: EMPLOYEE							
Section A: Employee Informat	tion						
First Name	M.I.			Last Name			
Address	City			State	Zip Code		
Please match my gift with this amount \$							
Section B: Employee Paymen	t Plan						
Payment Plan	Yes/No	Total Donatio		No. of Paychecks	Paycheck Deduction		
One Lump Sum	☐ Yes ☐ No	\$		1	\$		
Per Paycheck	☐ Yes ☐ No	\$		26	\$ per paycheck		
Section C: Charitable Organiz	ation Sele	ections					
Name of Charitable Organization			Donation				
				\$			
				\$			
				\$			
Total				\$			
Section D: Employee Agreemed I certify that the information I have with the program guidelines. I use misleading information, I may be Mosaic Company to withdraw the	re provided nderstand subject to	that if this a loss of pro	pplica gram	ation contains false eligibility. I further	e, deceptive or authorize The		
Print Employee Name		<u> </u>	Da	te			
Employee Signature							

## MATCHING DONATION AUTHORIZATION FORM

## PART II: EMPLOYER

Section A: Employer Information					
Company Name	Phone Number	Fax Number	Fax Number		
Address	City	State	Zip Code		
Donation matched in the amount of \$_					
Section B: Employer Agreement					
As an authorized representative of Med that all information provided is true and above selections meet the criteria set for Committee. Upon receipt of the full am will match dollar for dollar, up to \$1,000	accurate to the besorth by The Mosaic ount of the employe	et of my knowledge. I Company Charitable ee's donation, The Mo	authorize that the Contributions		
Print Employee Name	D	ate			
Employee Signature					