MEREDITH CORPORATION FOUNDATION EMPLOYEE CONTRIBUTION PROGRAM MATCHING GIFTS PROGRAM

Employee Name:	Status:
Donor's Name, if spo	use of employee, retiree or board member
Home Address	
City	State ZIP Phone ()
Work Location/Mail S	top Department Name
Amount of Gift (\$25 n	nin)\$ Date of GiftForm of Gift:
If Securities: Type of	Stock Number of Shares
Name of organization	to which your gift is made
Type of organization:	□Education (public private) □Arts □Human Services
If memorial, name the	e gift is being made in memory of
Name & Address the	organization is to send acknowledgement to :
Donor's Signature	Date
	ation Foundation will match contributions made by our individual employees, retirees, board es to nonprofit human services, arts organizations and educational institutions. THE MERED
CORPORATION FOU Part 2 (To be c	
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* If this is a memorial gift as noted in Part 1, please send acknowledgement to address given in Part 1.

Please send completed form to: Cheri Cipperley, Meredith Corporation Foundation, LS-193, 1716 Locust Street, Des Moines, IA 50309-3023. Phone: 515/284/2771