

# MEREDITH CORPORATION FOUNDATION EMPLOYEE CONTRIBUTION PROGRAM VOLUNTEER GRANT PROGRAM

## Part I (To be completed by employee, retiree, board member or spouse. Please print or type.)

Employee Name: \_\_\_\_\_ Status:  Employee  Retiree  Board Member  Spouse

Donor's Name, if spouse of employee, retiree or board member \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Work Location/Mail Stop \_\_\_\_\_ Department Name \_\_\_\_\_

Name of organization for which you volunteer \_\_\_\_\_

Type of organization:  Education (\_\_\_\_ public \_\_\_\_ private)  Arts  Human Services

Dates you volunteered (between July 1 and June 30 of the current fiscal year) \_\_\_\_\_

Total number of hours volunteered during this current fiscal year. (Minimum of 20 required) \_\_\_\_\_

Describe your volunteer activities \_\_\_\_\_

Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Forward this form to designated organization for certification.**

**The Meredith Corporation Foundation will match -- with financial grants -- the hours that our employees, retirees, board members and spouses volunteer for nonprofit organizations. Grants will be based on the number of hours volunteered. THE MEREDITH CORPORATION FOUNDATION MUST RECEIVE ALL FORMS BY JUNE 1.**

## Part 2 (To be completed by organization. Please print or type.) A copy of your 501 (c)(3) determination letter from the U.S. Department of Treasury/Internal Revenue Service must be submitted with this form.

Name of organization \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Describe the purpose of your organization \_\_\_\_\_

*I certify that the above Meredith Corporation employee/retiree/board member has volunteered the above indicated hours for this organization and that any awarded financial gift will be used to support the objectives of this organization.*

Print or type: Name of organization official \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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