MG/CAT Individual Donation Form

PART 1 – To be filled out by a Milgard Employee (please print)

Name: _____

Address _____

City State Zip Code

Milgard Location: _____

I have made a donation in the amount of

$ _____ to _____

(Charitable Organization)

☐ Yes, I have donated at least 50 hours of my time in the past 12 months (exclusive of fund raising) to the qualified organization listed below.

Employee Signature _____

PART 2 – To be filled out the charitable organization (please print)

Organization Name: _____

Certifying Officer: _____ **Title** _____

Address: _____

City State Zip Code

Phone Number: _____

Organization is: (check appropriate box)

☐ Education ☐ Social Service

☐ Arts / Recreation ☐ Health

☐ Other (please list) _____

To receive matching gift funds, I acknowledge our organization must hold a 501(c)3 tax status. Upon request, we will show proof of this status. I certify all of the above information to be true.

Certifying Officer's Signature _____ Date _____

PLEASE ATTACH A CANCELLED CHECK OR A RECEIPT FROM THE ORGANIZATION.

Return completed form to:
Lori Garn
Milgard Manufacturing, Inc.
1010 54th Ave East
Tacoma, WA 98424