



**CHECK REQUEST
EMPLOYER CONTRIBUTION - CHARITABLE MATCH**

Today's Date: _____
Please allow 14 business days for processing and mailing of check.

Pay To The Order Of: _____ Your Charity's Name Here
Address: _____
Mailing Address for Check

Amount: _____ Amount of Match You Are Requesting
(Maximum of \$100 Annually)

Account #: _____ **300502**

Requested By: _____ Your Name Here

Employee # / Cost Center / Company: _____

(To be completed by HR)

Charitable Categories (Please check applicable category)

- Alcohol and Drug Abuse
- Art
- Education
- Environment
- Health
- Local Community
- Other

Please attach the following items for processing:

- Receipt or proof of charitable contribution. Items that qualify:
 - Receipt from charity
 - Cancelled check (must show cancellation as proof of payment)
 - Bank or credit card statement showing payment
(Please highlight line item)

- Proof of organization's charitable status. Items that qualify:
 - Letter from organization stating IRS 501(c) (3) tax-exempt, non-profit status

Please submit to Alanda Riddle, Naperville HR for processing.

HR Approval: _____ **Date:** _____

Date submitted to Accts. Payable: _____ **By:** _____