

The Matching Gift program is limited to current Pella Corporation team members and retirees of Pella Corporation and their spouses. To apply, complete the Donor Section of this form and send it with your donation of \$25 or more to the recipient organization.

The organization will verify receipt of a contribution by completing the Recipient Section and returning it to:

Foundation Administrator
Pella Rolscreen Foundation
102 Main Street
Pella, IA 50219

Matching Gifts will be processed in the month following the end of each calendar quarter.

Gifts to organizations not currently approved for Matching Gifts will be considered when this form and appropriate information are provided to the Foundation. The donor and the recipient organization will be notified if the organization is not approved.

House of Worship building projects must be approved prior to the date of a donation. For more information, contact the Foundation director or administrator at Pella Corporation, 641.621.1000.



**PELLA ROLSCREEN
FOUNDATION**

Tear at perforation and tape to seal.

Donor Section

This section must be completed by the donor and given with his or her contribution to an eligible, nonprofit organization or institution.

Name (please print)

Home address

City State Zip

Employee ID number

Please Indicate: *Employee or Spouse*
 Retiree or Spouse
 Director or Spouse
 Shareholder or Spouse

Personal contribution to be matched:

Cash gift of \$ _____

or Securities valued at \$ _____ and described

as _____

Given to _____
Name of institution or organization

on _____
Date

In accordance with the Pella Rolscreen Foundation Matching Gift Program, **I hereby certify that my gift does not represent payment in exchange for any benefits received.**

Signature

Recipient Section

This section must be completed by the recipient organization or institution and returned to the Pella Rolscreen Foundation Administrator.

I certify that _____
Name of organization or institution

Street address

City State Zip

received a cash gift of \$ _____ or securities valued at \$ _____ on _____ from the
Date
person completing the Donor Section of this form.

The tax deductible amount of the gift is \$ _____.

I further certify that this is a tax-exempt organization.

Authorized signature Date

Printed name

Title

Phone number

Please tear at perforation, complete the return address, tape to seal, and stamp before mailing.

Note: If this is the first time this organization or institution has applied for a Matching Gift, please mail this form along with a copy of verification of 501 (c)(3) status and a description of the purpose of the organization or institution to assist in determining eligibility for inclusion in the Matching Gift Program.