



Matching Gift Program

Application Process:

Complete the Donor Section and mail to the organization with your gift. For on-line giving, complete the Donor Section, as well as the organization name and address in the Recipient Section, and send directly to the Foundation along with proof of donation.

Participant Eligibility:

The Pella Rolscreen Foundation will match eligible gifts dollar-for-dollar from a minimum of \$25 to a maximum of \$5,000 per employee. Retirees' maximum will be reduced to \$1,000 the year after their retirement. Gifts may be cash or securities that have a quoted market value. Testamentary bequests, dues, subscriptions, fees, product donations, tuition, raffle tickets, insurance premiums, and pledges do not qualify. Smaller gifts cannot be combined to achieve the minimum level for eligibility. Gifts collected from various individuals and then grouped together as one gift from a qualified donor do not qualify.

Organization Eligibility:

A recipient organization must be one of the following: 1) a charity that qualifies as exempt under Section 501(c)(3) of the IRS; 2) a government entity; 3) a post-secondary educational institution. Gifts to organizations not currently approved for Matching Gifts will be considered when this form and appropriate information are provided to the Foundation. See pellarolscreen.com for further eligibility guidelines.

House of Worship Building Projects:

Special application and approval are required prior to the date matching can begin. See pellarolscreen.com for further guidelines.

Matching Cycle:

Matching gifts are paid quarterly. Approved gifts received by the end of March, June, September, and December will be paid during the following month.

Administration/Contact Information:

Interpretation and administration of the Matching Gift Program are determined by the Foundation. More information is available at pellarolscreen.com. To contact the Foundation, call Pella Corporation at 641.621.1000 or email foundation@pella.com.

Donor Section

This section must be completed by the donor and given with the contribution to the recipient organization.

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 Organization

Street Address

City State Zip

on _____
Date

In accordance with the Matching Gift Program, I hereby certify that my gift does not represent payment in exchange for any benefits received and is not a combined gift from multiple individuals.

Donor's Signature

Proof of donation may be required.

Recipient Section

This section must be completed by the recipient organization and returned to the Pella Rolscreen Foundation Administrator, 102 Main St., Pella, IA 50219.

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 person completing the Donor Section of this form.

The tax deductible amount of the gift is \$_____

I certify that this is a tax-exempt organization.

Authorized Signature Date

Printed Name

Title

Phone Number

First time organizations, please provide a copy of 501(c)(3) status, recent 990, and description of your organization for determining eligibility. Additional information may be required.

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

Tear on perforation and tape to seal.