



RAINIER INDUSTRIES, LTD. GIFT MATCHING PROGRAM

For eligibility and procedures, please see the reverse side of this form.

Part A: Employee Donor

Complete Part A (only) and forward this form, along with your donation, to the Receiving Organization. All requested information must be provided. If a photocopied form is used, please copy both sides. Please print legibly.

NAME (FIRST, MIDDLE INITIAL, LAST) () HOME PHONE

HOME ADDRESS CITY, STATE, ZIP

NAME OF INSTITUTION RECEIVING GIFT PURPOSE

DAY OF GIFT mo/day/year \$ AMOUNT OF GIFT (in whole dollars) .00 \$ AMOUNT TO BE MATCHED .00 \$ TAX DEDUCTIBLE AMOUNT .00

Form of Gift: CASH CHECK CREDIT CARD

I hereby certify that the information I have provided on this form is complete and correct and that my gift fully complies with the program provisions on the reverse side of this form. I understand that only the tax-deductible portion of my donation is eligible for matching by Rainier Industries and I certify that neither I nor any of my family has or will receive any direct personal benefit in connection with the tax-deductible portion of my gift.

EMPLOYEE SIGNATURE DATE

Part B: Receiving Organization

Complete Part B (only) and return to: Gift Matching Program, Rainier Industries, Ltd., 18435 Olympic Ave S, Tukwila, WA 98188

If this is your organization's first request for matching funds from Rainier Industries, you must include a copy of your IRS Form 501(c)(3) designation and published information about your organization, such as a mission statement or brochure, along with this completed form.

For information: Toll Free: 1 800 869 7162 Local: 425 251 1800 Fax: 425 251 5065

NAME OF ORGANIZATION (Use only the name reflected on IRS Form 501(c)(3)) FEDERAL TAX ID NO. (EIN)

MAILING ADDRESS CITY, STATE, ZIP

() () TELEPHONE FAX WEBSITE ADDRESS

DAY OF GIFT mo/day/year \$ AMOUNT OF GIFT (in whole dollars) .00 \$ TAX-DEDUCTIBLE PORTION .00

The Receiving Organization is a qualified (mark one): EDUCATIONAL INSTITUTION CULTURAL OR ARTS ORGANIZATION HEALTH OR HUMAN SERVICES ORGANIZATION

I hereby certify that the gift described in Part A above has been received by an organization that is eligible for Rainier Industries gift matching under the program provisions on the reverse side of this form and that the tax-deductible portion of the gift fully complies with such program provisions.

PRINTED NAME TITLE

SIGNATURE DATE