



# QuintilesCares

We encourage employee involvement in organizations and activities that support the communities in which we live and work. As part of this initiative, Quintiles will match your contributions to qualified organizations dollar-for-dollar within specified limits. Please fill out the "Employee" section of this form and then send it to the organization of your choice. Thank you!

## Part 1: To be filled out by Quintiles employee.

Employee Last Name: \_\_\_\_\_ Employee First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Q Number: \_\_\_\_\_ Q Location: \_\_\_\_\_

Organization Supported: \_\_\_\_\_ Employee Donation Amount: \_\_\_\_\_

Category of Donation:  Education in Life Sciences & Biostatistics  Health & Fitness  Women in Science  Other

Date Donated: \_\_\_\_\_ Employee Volunteer Hours: \_\_\_\_\_ Year: \_\_\_\_\_ Date of Request: \_\_\_\_\_

## Part 2: To be filled out by supported organization.

The Quintiles employee listed above is requesting a matching gift to your organization on their behalf. Please complete all information below and send this form, as well as a copy of your current IRS 501(c)(3) letter and a completed W-9 to: Quintiles Cares/Matching Gifts 4820 Emperor Blvd., Durham, NC 27703. Please note that all recipient organizations must meet certain requirements to be eligible for payment and Quintiles reserves the right to discontinue this program at any time.

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

501c3:  Yes  No Tax ID # \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ I certify that we have received this donation from the person named above.

Contact Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_