

Matching Gift Program

Application Process:

FOUNDATION

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 quidelines.

House of Worship Building Projects:

Special application and approval are required prior to the date matching can begin. See <u>pellarolscreen.com</u> 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 mat	ched:	
Cash gift of \$	or securities valued at		
\$ and des	scribed as _		
Given to:	Name of C	rganization	
Street Address			
City	State	Zip	
on	Date		
In accordance with th	2 0.10		
certify that my gift d	oes not re nefits rece	ived and is not a com-	
De	onor's Signo	ature	

Recipient Section

This section must be completed by the recipient

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

Name of Organization or Institution				
Street Address				
City	State	Zip		
received a cash	gift of \$	or securities value		
at \$	on	from the person		
completing the	Donor Section of	this form.		
The tax deducti	ible amount of the	gift is \$		
I certify that thi	s is a tax-exempt c	organization.		
 Authorized Sign	ature	Date		
Printed Name				
Title				
Phone Number	nizations, please pi			

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

501(c)(3) status, recent 990, and description of your

organization for determining eligibility. Additional

information may be required.

Proof of donation may be required.