



Part 1 (Employee Complete in Full)

Name of Organization (to which contribution is being made)

Employee Name (First, M.I., Last)

Employer

E-mail Address

Employer Street Address

City, State, Zip

Daytime Phone Ext. Fax

Employee: Copy your financial gift, attach it to this form and mail the original application, copy and gift directly to the Nonprofit.

I certify that this matching grant request supplements my personal contribution of \$ _____ and that my contribution meets the following criteria:

- (1) It is not being made in conjunction with a fundraising event (e.g., walk-a-thon, golf tournament, at or for a dinner).
- (2) It is not being made as a memorial gift.
- (3) It will not provide a benefit or item of value to me or a member of my family.
- (4) It does not support a nonprofit or educational institution that I or one of my dependents *currently* utilizes nor am I or my dependents currently employed by this organization.

Employee Signature _____ Date _____

Questions? Contact Rose Peterson at rpeterson@pohladfamilygiving.org or 612.661.3903

Employee Matching Grant Application

Part 2 (Recipient Organization Complete in Full)

Name of Organization

EIN Web Address

Authorized Employee Name (First, M.I., Last) Title

E-mail Address

Nonprofit Street Address

City, State, Zip

Daytime Phone Ext. Fax

Primary Population & Ages Served Geographical Area Served

Primary Services Offered

As an authorized employee of this organization, I certify: (check all that apply)

- This contribution is not being made in conjunction with a fundraising event (e.g., walk-a-thon, golf tournament, dinner) of the recipient organization.
- This matching gift does not fulfill any part of a personal pledge from the contributor.
- This matching gift is not a memorial gift.
- The contributor received no benefit or service in exchange for this contribution.
- All contribution proceeds are being used for charitable purposes.
- Recipients of services are not required to learn about or share religious beliefs.
- Neither contributor nor his/her dependents are currently enrolled in, employed by, or receive services from this organization.

Authorized Signature _____ Date _____

Nonprofit, to receive a match, please (1) Original and fully-completed application return the following items within six months (2) Proof of Contribution [i.e., copy of check] of contribution date: (3) Copy of 501(c)(3)

Pohlad Family Foundation, Attention: Rose Peterson
60 South Sixth Street, Suite 3900, Minneapolis, MN 55402