## Meredith Corporation Foundation Employee Contribution Program Matching Gifts And Volunteer Grants Programs

Part I (To be completed by employee, retiree, board member or spouse. Please print or type.)

Contributor Name	Contribution ID
Contributor's Mailing Address	Phone
Organization contributed to:	
Mailing Address	
Complete all applicable: A. Amount of Gift (\$25 minimum): \$	Date of Gift:
B. Dates you volunteered (between July 1 and June 30 of	the current fiscal year):
Total number of hours volunteered during this current fi	scal year. (Minimum 20 hours):
Forward this form to the nonprofit organization for co	empletion of PART 2.
Part 2 (To be completed by non-profit organization. Please determination letter from the U.S. Dept. of Treasurthis form.  Name of organization	
Mailing Address	
City State Zip _	Phone ()
Describe the purpose of your organization	
I certify that the gift or volunteer hours (described in Part 1) has been re are recognized by the Internal Revenue Service as a nonprofit organization for federal income tax purposes. If the gift is to an alumni fund, foundation for support of the organization and qualifies for tax deductible contribution	on with 501(c)(3) status to which contributions are deductible on, or department, I certify that it is authorized to receive gifts ns.
Name of organization official	
Title	
Email	
Signature Dat	