



“Let’s Drive Out Hunger”
Agent Matching Grant Program

Arbella remains committed to supporting the programs that help the people in our communities who need it most. Arbella is sponsoring our fifth annual *Let's Drive out Hunger* program. Over the past four years, together with our partner agents, we have been able to contribute more than \$280,000 to food pantries in our local communities. Standing alongside you, our partners, Arbella is here to help the 400 emergency food programs, soup kitchens, food pantries and food banks across 130 Massachusetts communities that desperately need us. Please see the information below for details.

Participation: All agents of the Arbella Insurance Group are eligible to participate.

Matching Gift: In recognition of Arbella’s 25th anniversary year in 2013, the Arbella Insurance Foundation will match eligible charitable donations to food pantries on a \$3 to \$1 basis up to a \$1,000.00 maximum Arbella donation **per agency**.

For example: \$333.00 Agency’s Contribution
 \$1,000.00 Arbella’s Matching Contribution
 \$1,333.00 Total Contributed Amount

Gifts must be cash contributions made directly to the qualified food pantry organization. A qualified organization is one that is an IRS section 501 (c)(3) organization, or a nonprofit governmental agency under public control.

Please note: This program will be in place from November 1, 2012 through February 28, 2013.

Application Procedure: A Matching Gift Program Form is attached.

1. Complete **only Part A** of the Matching Gift Form.
2. Mail the entire form with your donation directly to the food pantry.

Note: A representative from the food pantry will complete the information required under Part B and mail both forms back to Arbella.

If you have any questions, please send an email to Charitable.Foundation@arbella.com



**“Let’s Drive Out Hunger”
Agent Matching Program Form**

TO APPLY: **Agents**
Complete only Part A of this form and mail it with
Part B (not completed) along with your contribution to the food
pantry.

PART A

Agent’s Name (First, Middle Initial, Last)

Agency’s Name

Business Phone

Agency’s Address

Agent’s E-mail Address

Name of Food Pantry

Amount of Gift

Agent’s Signature

Date of Donation

Choose the following:

- _____ Please send Arbella’s contribution check directly to the organization and inform me when it has been mailed.
- _____ Please send Arbella’s contribution check to me and I will present it to the organization.
- _____ Yes, I would like assistance with a larger size presentation check.



**“Let’s Drive Out Hunger”
Food Pantry’s Matching Program Form**

Instructions: Complete **Part B** and mail the original completed form – both Parts A and B and a copy of your IRS determination letter to:

Beverly Tangvik, Director of Charitable Giving
Arbella Insurance Foundation, Inc.
101 Arch Street
Boston, MA 02110
Charitable.Foundation@arbella.com

PART B

Food Pantry Name	Tax-Exempt I.D. No.
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Mailing Address

Contact Person’s Name	Telephone Number	E-Mail Address
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Date Donation Received	Amount Received
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By signing below, I certify that a contribution as described above, to be donated to this organization, qualifies under Section 501(c)(3) of the Internal Revenue Code and that no goods or services will be exchanged for this contribution.

Authorized Signature	Name & Title (print or type)	Date
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INTERNAL USE

Approval: _____ Date: _____

Qualification Documentation: _____