



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

The need still exists! Arbella remains committed to supporting the programs that help the people in our communities who need it most. Therefore, Arbella is continuing its winter tradition of sponsoring the seventh annual *Let’s Drive Out Hunger* program. Over the past six years, together with our partner agents, we have been able to contribute more than **half a million dollars** to food pantries in our local communities. Standing alongside you, our partners, Arbella is here to help over 400 emergency food programs, soup kitchens, food pantries, and food banks across New England communities that desperately need us.

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

**Matching Gift:** The Arbella Insurance Foundation will match eligible charitable donations to food programs/homeless shelters on a \$2 to \$1 basis up to a \$500.00 maximum Arbella donation **per agency**.

**For example:**   \$250.00 Agency’s Contribution  
                          \$500.00 Arbella’s Matching Contribution  
                          \$750.00 Total Contributed Amount

Gifts must be cash contributions made directly to the qualified 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 3, 2014 through February 27, 2015.**

**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 program/homeless shelter.

**Note:** A representative from the food program/homeless shelter 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 [Beverly.Tangvik@Arbella.com](mailto:Beverly.Tangvik@Arbella.com)



**“Let’s Drive Out Hunger”  
Agent Matching Gift 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 program/homeless shelter.

**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 Program/Homeless Shelter

---

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. If so, please email your Agency logo, preferably in jpeg, eps or png file format, to the [Charitable.Foundation@Arbella.com](mailto:Charitable.Foundation@Arbella.com).

☐

YES

☐

NO

We plan to post a “thank you” on your Facebook page, if available. Please indicate your preference.



**“Let’s Drive Out Hunger”  
Agent Matching Gift Program Form  
Form to be completed by Food Program/Homeless Shelter**

**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

If you have any questions, please send an email to [Charitable.Foundation@Arbella.com](mailto:Charitable.Foundation@Arbella.com)

**PART B**

---

Food Program/Homeless Shelter Name	Tax-Exempt I.D. No.
------------------------------------	---------------------

---

Mailing Address

---

Contact Person’s Name	Telephone Number	E-Mail Address
-----------------------	------------------	----------------

---

Date Donation Received	Amount Received
------------------------	-----------------

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
----------------------	------------------------------	------

---

**INTERNAL USE**

Donation Eligibility Verification Completed per Foundation Procedures: Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Qualification Documentation: EIN# \_\_\_\_\_ FC# \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_