"Let's Drive Out Hunger"
Agent Matching Gift Program

Arbella remains committed to supporting the programs that help the people in our communities who need it most. The Arbella Insurance Foundation will continue our winter tradition of sponsoring the sixth annual *Let's Drive Out Hunger* program. Together with our partner agents, over the past five years we have been able to contribute more than $422,000 to food pantries in our local communities. Standing alongside you, the Foundation is here to help more than 500 emergency food programs, soup kitchens, food pantries, food banks and homeless shelters across New England communities that desperately need, and depend on, our support. Please see the information below for details.

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 1, 2013 through February 28, 2014.

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 Charitable.Foundation@Arbella.com

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TO APPLY: <u>**Agents:**</u>
                         Complete <u>only</u> Part A of this form and mail it with
                         Part B (not completed) along with your contribution
                         to the food program/homeless shelter.

<u>**PART A**</u>

_____

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.

☐   ☐   We plan to post a "thank you" on your Facebook page, if available. Please indicate your preference.
YES   NO

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Form to be completed by Food Program/Homeless Shelter

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

> 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 <u>Charitable.Foundation@Arbella.com</u>

<u>PART B</u>

_____

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#_____ Approval: _____ Date: _____