



KONICA MINOLTA

### MATCHING CONTRIBUTION PROGRAM APPLICATION FORM

Eligible organizations receive a 1-to-1 match from Konica Minolta Business Solutions U.S.A., Inc. up to \$1,000 (one thousand dollars) per employee per Fiscal Year (FY). Donations are awarded on a first-come first-served basis. All donations will be matched up to \$50,000 (fifty thousand dollars) per FY. Once this amount is reached, outstanding donations will roll over to the next FY.

**TO APPLY:**

**Employees**

Fill out Part A and send it with your contribution directly to the non-profit organization.

**Recipient Institutions**

Fill out Part B and return parts A and B to the address listed below.

**Part A (to be completed by employee)**

Employee Name (First, Middle Initial, Last): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home Address (Number and Street): \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Konica Minolta Office Location: \_\_\_\_\_ Employee Position/Title: \_\_\_\_\_

Konica Minolta Telephone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Type of Organization (please check one): Education  Health & Wellness  Environment  Disaster Relief

Date of Current Gift: \_\_\_\_\_ Amount of Current Gift: \$ \_\_\_\_\_ Amount to be Matched: \$ \_\_\_\_\_

Complete Name of Organization Receiving the Gift: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

\*Send this form, along with vendor forms, to recipient institutions. Send copy of this form to [CSR@kmb.konicaminolta.us](mailto:CSR@kmb.konicaminolta.us).

**Part B (to be completed by institution)**

I certify that a contribution as described above has been received by the organization below, which qualifies under Section 501 (c)(3) of the Internal Revenue Code and is not a private foundation. Further, I certify that funds received from this corporation shall be used for the same purpose as specified by the employee.

Make Checks Payable To: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Institution Mailing Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_ Tax Deductible Amount: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title (print): \_\_\_\_\_

**INSTITUTION:**

After completing Part B, email this form to [CSR@kmb.konicaminolta.us](mailto:CSR@kmb.konicaminolta.us) or mail to:

Konica Minolta Business Solutions U.S.A., Inc.  
Attn: Allison Kern  
100 Williams Drive Ramsey, NJ 07446