

Vital Volunteer Application

Instructions to Employees, Residents, and Groups

1. Complete Section A of this form.
2. Mail the form with your donation or Hour Tracking Sheet to the not for profit charity of your choice.
3. **The charity completes Section B and sends in all required documentation to the Vital Life Foundation.**
4. The completed form will be reviewed by the board quarterly in January, April, July and October
You will be notified of approval by letter.
5. Only Marquis/Consonus/AgeRight employees and residents are eligible to receive a \$1,500 per year match.
6. The market value of crafts and hand-made gifts will be matched, not the time taken to create them.
7. The Vital Life Foundation will go back one quarter to match dollar-for-dollar requests. *Vital Volunteer Hours will be matched back to January 1 of the current year, but must be turned in no later than January 31 of the following year.*

Section A (to be completed by employee/resident). Use a separate form for each charity.

Name: _____ Group Request: Yes No

Home Address: _____

City: _____ State: _____ Zip: _____

Facility/Business Line: _____ Department: _____

Email Address: _____ Phone #: _____

Name of Charitable Organization: _____

Organization Description: _____

Applicant Signature: _____

Dollar-for-Dollar Match (*minimum \$25 gift*) must be requested within 90 days of donation.
Amount of your gift: _____

Vital Volunteer Hours Match (*minimum 20 hours for individual or group per charity for first request*).
Hours: _____ x \$10 = _____ VLF Match Requested

Date of Donation: _____

Instructions to Non-Profit Organization (to qualify for matching of funds)

1. Complete Section B of this form.
2. **First time applicants please attach a copy of your 501(c)(3) letter and mission statement or description of your organization.**
3. **Charitable Donation: please attach receipt**
4. **Volunteer hours: please fill out and attach page two of this form**
5. Mail/email the signed copy of this form and required documentation to:
Vital Life Foundation, a Marquis and Consonus Foundation
4560 SE International Way, Suite 100
Milwaukie, OR 97222 or info@vitallifefoundation.org
6. Matching gift payments will be made quarterly.

Section B (to be completed by non-profit organization).

Organization's Legal Name: _____

Federal Tax ID Number: _____

Verify Amount Received: _____ Tax Deductible Amount: _____

Verify Volunteer Hours Indicated Above: _____ (hours)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name of Authorizing Officer (please print): _____

Title: _____

Signature of Authorizing Officer: _____ Date: _____

VLF reserves the right to withhold matching funds to organizations that discriminate against a person or group on the basis of political affiliation, race, national origin, ethnicity, gender, disability, sexual orientation, or religious belief.

