

## Lexmark Make It Happen Fund grant application

### Program policies

- An employee may obtain a grant of \$250 per calendar year for any one organization, with a limit of one grant per employee per year and a limit of \$2,500 in total gifts per calendar year for any one organization.
- Lexmark Make It Happen Fund grants will be paid directly to the parent organization and cannot be directed to specific committees, units or groups.
- To qualify for a grant an employee must volunteer at least 40 hours with an organization during the calendar year.
- The total amount of grants in any calendar year will be limited by budget availability, with all grant requests considered in the order in which they are received. When each year's funds are exhausted, no additional grant applications will be accepted.
- Lexmark may at any time amend, suspend or discontinue the Lexmark Make It Happen Fund program.

*Please print or type. Employee completes section A, then provides application to the organization to complete section B.*

### Section A - employee information

Name of the employee volunteer \_\_\_\_\_

Telephone \_\_\_\_\_ Employee number \_\_\_\_\_

Lexmark location \_\_\_\_\_

E-mail address \_\_\_\_\_

Hours of volunteer service contributed to this organization in the current calendar year: \_\_\_\_\_

Description of your volunteer activities with this organization: \_\_\_\_\_  
\_\_\_\_\_

By signing and presenting this application, I certify that the above information is correct and request that Lexmark review this grant application. I understand that submitting this application does not guarantee that funds will be granted.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

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### Section B - organization information

*Please print or type. After completing Section B, mail the form to: Lexmark International, Inc., Community Relations, 740 West New Circle Road, Lexington, KY 40550*

Organization name \_\_\_\_\_

Contact name \_\_\_\_\_

Federal tax number (EIN number) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Description of organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the guidelines for the Lexmark Make It Happen Fund program. By signing and presenting this application I certify that: (a) I have read and understand the guidelines; (b) this is a qualifying institution; (c) the volunteer service listed above is correct; (d) gifts to the organization are tax-deductible.

Please check one of the following:

\_\_\_ The above organization holds 501(c)(3) status in its own name. First-time applicants must submit a copy of their 501(c)(3) letter.

\_\_\_ The above organization is a public or private school that is properly accredited by the state education authority. First-time applicants must submit a statement of exemption status on their letterhead.

I verify that \_\_\_\_\_

(Lexmark employee name)

has volunteered for \_\_\_\_\_ hours during \_\_\_\_\_.  
(approximate number) (year)