



Charitable Giving Program Request Form

For Employees, Non-Profit Organizations, and Community Agencies
Charitable Giving decisions are made throughout the year.

Organization/Charity

Please attach a completed W-9 (this is required)

Submission Date:		Org/Charity Contact Name:	
Name of Org/Charity:		501c3 / Non-Profit EIN:	
Mailing Address:			
Area Code/Phone #:		Area Code/Fax #:	
Email Address:			
Circle Type of Donation Requested: Door Prize · Raffle · Financial - please indicate amount here: \$			
Briefly describe what this donation will be used for:			
Has Expera donated to this organization before? ____ No ____ Yes – if yes, describe past support:			

Employee Information

Two (2) employees must support & endorse the request in order for it to be considered for approval

Names of Expera employees who currently participate/volunteer in this organization/charity:
Please indicate how you are involved in this organization:

[Print] Name of Employee Requesting Support

Employee Signature / Date

[Print] Name of 2nd Employee Requesting Support

Employee Signature / Date

Submit your request(s) to the appropriate facility Administrator:

Thilmany
Attn: Kathlyn Chmiel
600 Thilmany Rd
Kaukauna, WI 54130
kathlyn.chmiel@expera.com

Nicolet
Attn: Nancy Ledvina
200 Main Ave
De Pere, WI 54115
nancy.ledvina@expera.com

Expera Central Office
Attn: Sue Manders
600 Thilmany Rd
Kaukauna, WI 54130
sue.manders@expera.com

Mosinee
Attn: Tammy Marone
100 Main St
Mosinee, WI 54455
tammy.marone@expera.com

Rhineland
Attn: Carrie Theisen
515 Davenport St
Rhineland, WI 54501
carrie.theisen@expera.com

Administrators: Include proper charge code on the Check Request, as well as **GL Code 6977** for "Donations & Contributions"

For Office Use Only: Approved Amt: \$ _____ Denied

The company reserves the right to amend any policies as necessary.