



Employee completes to apply for matching funds from G-P Corporation for their contribution to approved non-profit organizations.

SECTION I - EMPLOYEE INFORMATION			
EMPLOYEE LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NO. (###-##-####)
ADDRESS LINE 1		ADDRESS LINE 2	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE
DEPARTMENT		LOCATION	
CHECK ONE			
<input type="checkbox"/> SALARIED EMPLOYEE <input type="checkbox"/> HOURLY EMPLOYEE <input type="checkbox"/> RETIRED <input type="checkbox"/> DIRECTOR / OFFICER			

GIFT INFORMATION			
AMOUNT OF CASH GIFT (\$25.00 OR MORE)		DATE OF GIFT	
\$			
MARKETABLE SECURITIES (NUMBER OF SHARES)		OF (COMPANY NAME)	
MY GIFT WAS MADE TO:			
ADDRESS LINE 1		ADDRESS LINE 2	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE

I hereby certify that the information submitted is correct, that my gift complies fully with all provisions of this program, and that no prohibited personal benefits are or will be received as a result of this gift.

EMPLOYEE SIGNATURE	PRINT NAME	DATE
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After completing Section I, send form to recipient organization along with your check.

SECTION II - RECIPIENT CERTIFICATION			
ORGANIZATION NAME			TELEPHONE NUMBER
ADDRESS LINE 1		ADDRESS LINE 2	
CITY	STATE OR PROVINCE	COUNTRY	ZIP OR POSTAL CODE
I CONFIRM THAT THE CASH GIFT OF:		AND / OR MARKETABLE SECURITIES (NUMBER OF SHARES)	
\$			
OF (COMPANY NAME)		WAS RECEIVED ON	
		, 20	

That the indicated gift fully complies with the provisions of the program, that this gift will not be used to match any ineligible gifts listed in the brochure, and that this organization is tax-exempt under IRS Code Section 501(c)(3) or 170 (c)(1) and revocation of such status is not pending.

RECIPIENT SIGNATURE	PRINT NAME
POSITION TITLE	DATE

After completing Section II send to:

Georgia-Pacific Corporation, Attention: Community Programs Department P.O. Box 105605 Atlanta GA 30348-5605 for payment.