



**MINNESOTA BUSINESS GIVES  
Participation Form**

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**YES**, we qualify for participation in **Minnesota Business Gives!**

Please specify a percentage for each type of giving (must total 100%).

\_\_\_\_\_ % Cash

\_\_\_\_\_ % In-kind (services and goods)

\_\_\_\_\_ % Employee volunteer hours (conducted during normal business hours)

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Name of business as it will appear in any publication listing businesses giving 2%:

Business description as it will appear in any publication listing businesses giving 2%:

Executive contact (name and title):

Primary contact (name/title/phone/e-mail)

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**Business Profile**

**Industry Segment**

\_\_\_\_\_ Business/Professional Services

\_\_\_\_\_ Finance/Insurance

\_\_\_\_\_ Retail/Personal Services

\_\_\_\_\_ Utilities/Transportation

\_\_\_\_\_ Hospitality/Entertainment

**Organization Type**

\_\_\_\_\_ Business

\_\_\_\_\_ Not for profit

**Business Ownership**

\_\_\_\_\_ Private

\_\_\_\_\_ Public

\_\_\_\_\_ N/A\*

(\* i.e., limited liability partnerships)

**Number of Employees**

\_\_\_\_\_ < 25

\_\_\_\_\_ 20-99

\_\_\_\_\_ 100-499

\_\_\_\_\_ 500+

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**I hereby verify that the above information is factual.**

Executive Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_