

## FLANZER MATCHING DONATION AGREEMENT

The Flanzer Matching Donation Program was implemented by the Trustees of the Louis and Gloria Flanzer Philanthropic Trust to encourage donations to charities who provide direct services to the public in Sarasota, Manatee, DeSoto and Northern Charlotte Counties. Participation in the Flanzer Matching Donation Program by a non-profit organization and/or a tax-exempt organization ("Agency") is subject to the Terms and Conditions of the Flanzer Matching Donation Program, which are set forth in the website for the Louis and Gloria Flanzer Philanthropic Trust at [Flanzertrust.org](http://Flanzertrust.org). The undersigned Agency represents and warrants that it meets all of the requirements to be an Eligible Agency as set forth in the Terms and Conditions. In consideration for the opportunity to participate in the Program, the undersigned Agency confirms that it has read, accepts, and agrees to comply with the Terms and Conditions of the Flanzer Matching Fund Program. The undersigned Agency further agrees that should it engage in any Prohibited Activities set forth in the Terms and Conditions or engage in any activities that would render the Agency an Ineligible Agency under the Terms and Conditions shall refund to the Trust all matching funds received as a result of the Prohibited Activities and all matching funds received from the Trust during any period of ineligibility. The undersigned Agency further agrees that if the Agency is later determined not to have met the qualification criterion at the time it was admitted to the Program, it shall refund all matching funds received from the Trust while it was participating in the Program. All refunds shall be paid within 45 days from the date of written demand by the Trustees. Acceptance into the Program and determination of eligibility is not a waiver to any subsequent determination or finding of ineligibility. The undersigned hereby warrants and represents that he/she possesses complete authority to execute this Flanzer Matching Donation Agreement on behalf of the Agency.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name of Agency

By: \_\_\_\_\_

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