

## DIRECTOR MATCHING GRANT PROGRAM FORM

**PART A – DONOR/DIRECTOR TO COMPLETE**

1. Complete Part A
2. Send Matching Grant form to organization to complete Part B

Name of Donor/Director \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

**CHARITABLE CONTRIBUTION INFORMATION**

Name of Charitable Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

<b>Date of Contribution</b> _____	<b>Amount of Contribution</b> _____
(\$25 minimum, \$5,000 maximum per year)	
<b>Contribution MUST BE 100% Tax Deductible</b>	

**SECURITIES (if applicable)**

Stock # of shares \_\_\_\_\_

Bonds \_\_\_\_\_

Market Value \$ \_\_\_\_\_ on date of gift

**SIGNATURE OF DONOR/DIRECTOR**

I certify that this is my PERSONAL contribution and is solely for the use of the charitable organization named and that neither I, nor any member of my family, nor any related third party, will benefit in any way from this contribution. I further certify that the amount given is entirely my own.

**PART B – CHARITABLE ORGANIZATION TO COMPLETE**

Please return completed Matching Grant form and copy of your organization's W-9 and IRS 501(c)(3) determination letter. If the organization is not a 501(c)(3), include a letter explaining the nature of the charitable cause.

All documentation should be sent to Judy Russell at ONEOK, Inc., Post Office Box 871, Tulsa, OK 74102-0871 or by email to [judy.russell@oneok.com](mailto:judy.russell@oneok.com).

Name of Charitable Organization \_\_\_\_\_

Name as Shown on Organization's IRS Tax Forms \_\_\_\_\_

**VERIFICATION OF CONTRIBUTION RECEIVED**

Verifying Official's Name and Title \_\_\_\_\_

Verifying Official's Telephone Number \_\_\_\_\_

Verifying Official's Email Address \_\_\_\_\_

**Amount of Donor's Contribution MUST be 100% Tax Deductible**

Taxpayer's Federal Identification Number (For local office or affiliate) \_\_\_\_\_

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

**SIGNATURE OF VERIFYING OFFICIAL**

*(Stamp signatures unacceptable)*

I confirm the above contribution was received. I further confirm that no direct, tangible benefit will accrue to the donor, to any member of his or her family, or to any related third party as a result of this contribution.

I further certify that I am a U.S. person (including a U.S. resident alien) and that the number shown above is the organization's correct taxpayer identification number (or waiting for a number to be issued.)

**REQUEST and PAYMENT SCHEDULE**

Retiree match request submitted by:	ONEOK match typically paid in:
End of Q1	Q2
End of Q2	Q3
End of Q3	Q4
End of Q4 (January 31)*	Q1 (following calendar year)

\*Match eligibility is based on a calendar year. Contributions must be made between January 1 and December 31 with the completed Matching Grant form and documents uploaded to AngelPoints by January 31 the following year.

Any questions should be directed to [communityinvestments@oneok.com](mailto:communityinvestments@oneok.com).