

EMPLOYEE MATCHING GRANT PROGRAM FORM

PART A - DONOR/EMPLOYEE COMPLETE THIS SECTION

1. Complete Part A
2. Send Matching Grant form to organization to complete Part B
3. Organization returns completed Matching Grant form to you/donor
4. Log into <https://oneok.angelpointsevs.com>; click 'Giving' tab; search organization using Federal Tax ID Number on IRS determination letter or W-9.
5. Enter information. **Attach completed MATCHING GRANT FORM** along with **ORGANIZATION'S W-9 and 501(c)(3) LETTER**** as the **'RECEIPT'**.

**If the organization is not a 501(c)(3), include from them letter explaining nature of charitable cause.

Field employees who do not spend a majority of the work day at a computer can email completed Matching Grant form and organization's W9 and 501(c)(3) to matchinggrants@oneok.com.

Review instructions document on ONEOK Online under Employee Matching Grant or click link on Employee Matching Grant page in AngelPoints to view step-by-step tutorial.

Name of Donor/Employee _____ OKE# _____

Home Street Address _____

Home City, State & Zip _____

Daytime Phone Number _____

Work Location (City/State) _____

CHARITABLE CONTRIBUTION INFORMATION

Name of Charitable Organization _____

Street Address _____

City, State & Zip _____

Date of Contribution _____ **Amount of Contribution** _____

(\$25 minimum, \$5,000 maximum per year)
Contribution MUST be 100% Tax Deductible

SECURITIES (if applicable)

Stock # of shares _____

Bonds _____

Market Value \$ _____ on date of gift _____

SIGNATURE OF DONOR/EMPLOYEE

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 – RECIPIENT CHARITABLE ORGANIZATION COMPLETE THIS SECTION

Return completed Matching Grant form and copy of your organization's W-9 and 501(c)(3) letter to **donor/employee**. If your organization is not a 501(c)(3), include a letter explaining the nature of the charitable cause.

Name of Charitable Organization _____

Name as Shown on Organization's IRS Tax Forms _____

VERIFICATION OF CONTRIBUTION RECEIVED

Verifying Official's Name _____

Verifying Official's 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

Employee 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.