

RETIREE MATCHING GRANT PROGRAM FORM

PART A - DONOR/RETIREE 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 for organization; enter request and **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 letter from them explaining nature of charitable cause.

For step-by-step instruction, review the instructions document on www.oneok.com under responsibility>community investments> employee/retiree/director matching grants.

If you do not have computer access, mail the completed form and W-9 to ONEOK Community Investments, P.O. Box 871, Tulsa, OK 74103.

Name of Donor/Retiree OKE#

Home Street Address

Home City, State & Zip

Daytime Telephone 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, \$2,500 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/RETIREE

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/retiree**. 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

Taxpayers 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.