

## **MATCHING GIFT REQUEST FORM**

Donor:

<ul> <li>□ Complete Section 1 of this form – a separate form</li> <li>□ Send the form with your contribution to the recipient Organization:</li> <li>□ Verify receipt of gift.</li> <li>□ Complete Section 2 of this form. Please print or to the Enclose a copy of your Internal Revenue Services</li> <li>□ Forward form to the address printed below, ATTI</li> </ul>	ent organization.  ype. 501(c)(3) tax status certificate.
Section 1a: to be completed by Employee	
Employee Name:	Employee ID:
Date of Donation: Amour	nt of Donation: \$
I certify that neither I nor my family will derive any diffrom this contribution. I certify that this contribution of services or other personal financial obligations. I hat the Access Sciences Corporation Matching Gifts Procontribution is eligible.	does not represent payment for tuition, ve read and understood the requirements of
Employee Signature:	Date:
Section 2: to be completed by Recipient Org	anization
Name of Organization:	
Organization Address:	
Phone:	
Email:	
Website:	
Tax Deductible Amount of Donation: \$	EIN:
I hereby certify that this organization/program meets Sciences Corporation Matching Gifts Program, and Corporation will derive any personal material benefi reference organization is in full compliance with the Patriot Act. I am authorized to attest to the above st so.	that neither the donor nor Access Sciences t from this gift or match. The above anti-terrorism laws legislated by the USA
Officer Signature	Dato:

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## **Section 3: for Access Sciences Corporation use**

Employee is eligible? O yes O no
If no, please provide reason:
Organization is eligible? O yes O no
If no, please provide reason:
Organization has exceeded annual aggregate contribution max? O yes O no
Donation is approved? O yes O no
If no, please provide reason: