

Acxiom Corporation Individual Matching Gift Form

Part I – To be completed by Acxiom associate. Please print or type information.

Associate's Name:	
Acxiom Location:	
Business Address:	
Daytime Phone:	
Date of Gift:	Amount of Gift:
Name of Recipient Organization:	
Name of fund to which donation should be directed:	
Mailing Address of Organization:	
<i>I certify that the information submitted is correct and that my gift fully complies with the provision of the program.</i>	
Associate's Signature and Date:	

- ❖ **INSTRUCTIONS FOR ACXIOM ASSOCIATE** – After completing Part I, mail this form with your contribution to the recipient organization.

Part II – To be completed by recipient organization. Please print or type information.

Name of Authorized Financial Officer:	Title:
Daytime Phone:	Fax:
E-mail Address:	
Tax Identification Number of Organization:	
If school, accredited by:	
What is the organization's mission and/or specific objective?	
What programs/services do you provide?	
Target population served? (Age, sex, special interest, etc.)	
<i>I certify that the information submitted is correct, that the above indicated gift has been received, and that it will be used to support the primary objectives of the institution, which is classified as a tax-exempt organization under Section 501 (c)(3) of the Internal Revenue Code.</i>	
Financial Officer's Signature and Date:	

- ❖ **INSTRUCTIONS FOR RECIPIENT ORGANIZATION** – After completing Part II, mail this form to:

ACXIOM CORPORATION
PO Box 8190
LITTLE ROCK, AR 72203-8190
ATTN: Tina Hutchison – LIT0312-03