



Educational Matching Gift Program

Section I *To be completed by donor. (please type or print)*

This section will be returned to you by Atmos Energy Corporation when your gift has been reported by the institution and the Educational Matching Gift Program is issued the Voucher/Check.

For Atmos Energy Corporation Use Only	
Amount of Atmos Energy Corporation Payment	Payment Date

Gift Date	Amount (min. \$50-max. \$1,000)	Institution Name
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Donor's Name: _____

Home Address _____

City, State and Zip _____

Section II *To be completed by donor; Then forward to institution with gift. (please type or print)*

For Atmos Energy Corporation Use Only	
Voucher/Check Number	Date

Donor Information		Gift Information		
Social Security Number	Donor Status <input type="radio"/> Full Time <input type="radio"/> Retiree <input type="radio"/> Director	Gift Date	Gift Amount	Gift Form <input type="radio"/> Cash <input type="radio"/> Check <input type="radio"/> Securities
Name	Institution Name			
Address	Address			
City	State and Zip	City	State and Zip	Business Tel. Number
Employee ID #	Business Tel. Number	Securities: Title of Security and Number of Shares		
I certify that the information submitted is correct and that my gift fully complies with the provisions of the program		Donor's Signature		

Section III *To be completed by institution; then forward to address below.*

I certify that the above indicated gift has been received and that it will be used to support the primary objectives of this institution, which is classified as a tax-exempt organization by the United States Internal Revenue Service. (If this organization has not previously received a matching gift under this program, please attach a copy of your current U. S. Internal Revenue Code Section 501 ©(3) exemption form) Return completed form to: Atmos Energy Matching Gifts-Junior Aston P.O. Box 650205 Dallas, TX 75265	Signature of Authorized Financial Officer	Date Signed
	Please Print or Type Name and Title of Above	Contact Tel. No.
		Tax Exempt Cert. No.