

# EMPLOYEE MATCHING GIFT PROGRAM

## Part 1

To be completed by employee, then forwarded to institution with gift

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Division, Department & Location

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
Business Email Address

\_\_\_\_\_  
Exact Date of Gift

\_\_\_\_\_  
Amount of Check

I certify that the information submitted is correct and represents my personal gift under the provision of the program.

\_\_\_\_\_  
Employee Signature

## Part 2

To be complete by institution/organization, then returned to:

Entegris Matching Gift Program  
c/o Minneapolis Foundation  
800 IDS Center  
80 South Eighth Street  
Minneapolis MN 55402

\_\_\_\_\_  
Complete Name of Institution/Organization

\_\_\_\_\_  
Contact Name (please print)

\_\_\_\_\_  
Address (No & Street) City, State, Zip Code & Country

\_\_\_\_\_  
Telephone Number

Please attach a copy of your current U.S. Internal Revenue Service (IRS)\* exemption letter and EIN number. The matching funds **cannot** be processed without this information.

\_\_\_\_\_  
EIN Number (**required**)

My organization is a religious institution and I do not have an IRS exemption letter\*

I confirm receipt of the above stated gift.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date