



**THE IDT CHARITABLE FOUNDATION**  
**520 Broad Street**  
**Newark, NJ 07102**

**MATCHING GIFT APPLICATION**

**PART A – CONTRIBUTOR** PLEASE PRINT OR TYPE ALL DATA. MAIL TOGETHER WITH YOUR CONTRIBUTION DIRECTLY TO THE CHARITABLE ORGANIZATION.

|   |                      |                              |                 |
|---|----------------------|------------------------------|-----------------|
| NAME OF CHARITABLE ORGANIZATION   |                      |                              |                 |
| ADDRESS OF CHARITABLE ORGANIZATION  |                      | CITY AND STATE               | ZIP CODE        |
| I ENCLOSE MY GIFT OF \$ _____ AND/OR _____ <input type="checkbox"/> BONDS <input type="checkbox"/> SHARES OF  |                      |                              |                 |
| AMOUNT  |                      | QUANTITY                     |                 |
| SECURITY DESCRIPTION, IF APPLICABLE   | AMOUNT TO BE MATCHED | MARKET VALUE                 |                 |
|   | \$ _____             | \$ _____                     |                 |
| CONTRIBUTOR'S NAME  | OFFICE LOCATION      | DEPARTMENT                   | PHONE EXTENSION |
| <p><b>CERTIFICATION</b> – I certify that my gift is a voluntary contribution. I verify that these are my own resources and not the gifts or loans of any other person or organization. My gift does not represent in any way tuition or payment because I expect some monetary or other benefit to be given to me, or to any person or organization named by me. In addition, my gift will not be used for political purposes or to fulfill a political commitment.</p> |                      |                              |                 |
| _____<br><b>CONTRIBUTOR'S SIGNATURE</b>   |                      | _____<br><b>DATE OF GIFT</b> |                 |

**PART B – CHARITABLE ORGANIZATION** PLEASE PRINT OR TYPE ALL DATA. WHEN COMPLETED PLEASE RETURN TO ADDRESS INDICATED BELOW.

|  |       |  |             |
|--|-------|--|-------------|
| <p><b>VERIFICATION</b> – I verify receipt of the gift described above in the amount of or value of \$ _____ and certify that this Institution/organization is a nonprofit public charity, and that the contributions to it are tax deductible under Sections 501©3 and 170(b) of the Internal Revenue Code of the United States. Moreover, this institution/organization is not a private foundation as defined in Section 509(a) of the Internal Revenue Code, nor does it discriminate on the basis of race, sex, color or creed. Furthermore, I certify that this gift is a voluntary charitable contribution of the personal resources of an employee or director of IDT Corporation and does not represent in any way tuition or payment in exchange for or in expectation of monetary benefits to be given to the donor or any person or organization affiliated with the donor. In addition, this gift will not be used for political purposes or to fulfill a political commitment</p> |       |  |             |
| _____<br><b>OFFICER'S SIGNATURE</b>  |       | _____<br><b>DATE</b>   |             |
| CERTIFYING OFFICER'S NAME (PRINT)  | TITLE | TAX EXEMPT I.D.#   | OFFICE CODE |
| <p>PAYMENTS ARE MADE ON A QUARTERLY BASIS, ON OR ABOUT THE 15<sup>TH</sup> OF JANUARY, APRIL, JULY AND OCTOBER. FOR APPLICATIONS RECEIVED BY THE LAST BUSINESS DAY OF THE PREVIOUS MONTH, YOU SHOULD ALLOW TIME FOR PROCESSING BY SUBMITTING YOUR GIFT WELL IN ADVANCE OF THE DISBURSEMENT PERIODS.</p>  |       | <p><b>PLEASE RETURN TO:</b><br/> <b>THE IDT CHARITABLE FOUNDATION</b><br/> <b>MATCHING GIFT PROGRAM</b><br/> <b>520 BROAD STREET</b><br/> <b>NEWARK, NEW JERSEY 07102</b><br/> <b>ATTN: IRA A. GREENSTEIN</b><br/> <b>MATCHING GIFTS ADMINISTRATOR</b></p> |             |

**PART C – CONTRIBUTOR** IF YOU WISH, THE IDT CHARITABLE FOUNDATION TO ACKNOWLEDGE YOUR GIFT, PLEASE COMPLETE THE FOLLOWING INFORMATION AND FORWARD THIS APPLICATION TO THE CHARITABLE ORGANIZATION.

THE IDT CHARITABLE FOUNDATION HEREBY ACKNOWLEDGES THE FOLLOWING GIFT:  
 CONTRIBUTOR: \_\_\_\_\_ LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
 CHARITABLE ORGANIZATION: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_  
 SIGNATURE OF MATCHING GIFTS ADMINISTRATOR: \_\_\_\_\_  
 NAME: Ira A. Greenstein

