

**MEADOWS FOUNDATION, INCORPORATED
MATCHING GRANTS PROGRAM
GIFTS TO TEXAS AGENCIES**

The contributor should complete Part A for each gift and transmit original form, along with contribution, to the recipient agency.

The recipient should complete and execute Part B and return the original form to Francois Clymer, Matching Grants Administrator, The Meadows Foundation, 3003 Swiss Avenue, Dallas, Texas 75204-6049.

(Please print or type)

PART A *(To be completed by contributor)*

_____ (Date)

Enclosed is my personal gift of \$ _____ to _____

(Name of recipient of gift)

which institution is authorized to report this gift to the Meadows Foundation, Inc. for the purpose of qualifying for a contribution pursuant to the provisions of the Matching Grants Program of The Meadows Foundation.

(Contributor's Signature)

(Contributor's Printed Name)

(Contributor's Address)

Receipt of this gift may be acknowledged to: _____

PART B *(To be completed by appropriate office of recipient organization. Please remember that (a) only the tax deductible portion of a membership may be matched, and (b) the tax deductible portion must be at least \$25 to qualify for a matching grant.)*

I hereby certify that the following gift was received from: _____ with no additional benefits being extended to the participant as a result of The Meadows Foundation matching amount:

Total amount of gift \$ _____
Less non-tax deductible portion \$ (_____)
Net tax deductible portion \$ _____

(Recipients's Signature)

(Title)

(Recipient's Printed Name)

(Date)

(Recipient Organization)

(Recipient Organization Telephone Number)

(Recipient Organization Address)