

Mitsui Steel, Inc.

MATCHING GIFTS PROGRAM APPLICATION

SECTION I: TO BE COMPLETED BY EMPLOYEE (DONOR). PLEASE PRINT OR TYPE.

Employee Name: _____

Home Address: _____

Office Location: _____

Department Code: _____

Office Telephone _____

Recipient Organization: _____

Amount of Gift: \$ _____

Purpose of Gift (Required to designate to define eligibility)

I certify that I qualify as a full-time employee of MSI to participate in Matching Gift Program and that I am the donor of this individual gift.

Signature: _____

Date of Gift: _____

**SECTION II: TO BE COMPLETED BY RECIPIENT (ORGANIZATION OR INSTITUTION).
PLEASE PRINT OR TYPE**

Organization's name & address: _____

Organization's Tel: _____

Fax: _____

Amount of Gift \$ _____

Date Received _____

On behalf of the organization/institution, I certify that the above donation has been received from the Mitsui Steel Inc. employee; I believe that the organization/institution meets conditions of the **MSI Matching Gifts Program** and that it is classified by the Internal Revenue Service to receive tax-exempt contributions under 501(c)(3) of the code.

Name of Authorized Officer: _____

Title: _____

Signature: _____

Date: _____

Once completed, recipient organization or institution must return the completed form to Mitsui Steel, Inc. After verification of eligibility based on IRS requirements followed by MSI corporate requirements, the Matching Gift (donation) will be processed. Organization/Institution please return completed original form with copy of 501 (c)(3) to:

Mitsui Steel, Inc.

200 Park Avenue (36th Floor)

New York, NY 10166

ATTN: MATCHING GIFTS PROGRAM - TERESITA CASTANEDA

For office use only

Dept.: _____ IRS verification (Yes/No): _____
(Attach copy of the IRS Section 501 (c)(3))

Approved: _____ Not Approved: _____

Program Administrator: _____

SVP: _____