

Directors  
Matching Grant Application



**PART A – DONOR FILLS IN THIS SECTION**

1. Provide all information requested in Part A of this form.
2. After completing Part A, sign and send the form with the contribution to the charitable nonprofit organization for completion of Part B.

\_\_\_\_\_  
Name of Donor/Director

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

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

\_\_\_\_\_  
Date of Contribution

\_\_\_\_\_  
Amount of Contribution (\$25 minimum, \$5,000 maximum per year)  
**Contribution MUST be 100% Tax Deductible**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name & Address of Charitable Nonprofit Organization

\_\_\_\_\_  
Securities (if applicable)

\_\_\_\_\_  
# of Shares of Stock

\_\_\_\_\_  
Bonds

\_\_\_\_\_  
Market Value \$  
On Date of Gift

**SIGNATURE OF DONOR**

I certify that this contribution is solely for the use of the charitable nonprofit organization named and that neither I, nor any member of my family, nor any related third party, will benefit in any way from this contribution. I further certify that the amount given is entirely my own.

**PART B – RECIPIENT CHARITABLE NONPROFIT ORGANIZATION FILLS IN THIS SECTION**

\_\_\_\_\_  
Name of Charitable Nonprofit Organization

\_\_\_\_\_  
Name as Shown on Organization's IRS Tax Forms

**VERIFICATION OF CONTRIBUTION RECEIVED:**

\_\_\_\_\_  
Verifying Official's Name and Title

\_\_\_\_\_  
Verifying Official's Telephone Number & Email Address

\_\_\_\_\_  
Amount of Donor's Contribution  
**Contribution MUST be 100% Tax Deductible**

\_\_\_\_\_  
Taxpayers Federal Identification Number

\_\_\_\_\_  
Date

**SIGNATURE OF VERIFYING OFFICIAL**  
(Stamp signatures are not acceptable)

I confirm the above contribution was received. I further confirm that no direct, tangible benefit will accrue to the donor, to any member of his or her family, or to any related third party as a result of this contribution. I also certify that the organization is a U.S. 501(c)(3) organization.

I further certify that I am a U.S. person (including a U.S. resident alien) and that the number shown above is the organization's correct taxpayer identification number (or waiting for a number to be issued.)

**Please mail completed form  
and a copy of the organization's  
IRS determination letter 501(c)(3) to:  
Judy Russell  
ONEOK, Inc.  
Post Office Box 871  
Tulsa, Oklahoma 74102-0871**

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Signed verification of a contribution must be received by ONEOK, Inc. by February 1 following the calendar year in which the contribution was made. Late forms will not be accepted. Matching grants will be paid by March 1. If not cashed, checks will cancel at the end of the calendar year in which the check was issued.

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