

Ospraie Management, L.P.
Matching Gift Program Request Form

PART A-EMPLOYEE

Complete the information below and return to Richard Puma or Eric Vincent for approval.

Employee Name: _____

Name of Recipient Charitable Organization?: _____

Recipient Address: _____

Gift Amount **: _____

Date of Payment: _____

Employee Certification:

I certify that I have read the Matching Gift Program guidelines set forth in the Ospraie Management, L.P. Employee Policy Manual, and that the charitable organization named herein is not outside the scope of this program and that this gift does not represent a payment directly or indirectly for: services; tuition; expenses related to my education; religious purposes; political purposes; or other ineligible purpose.

Employee Signature

Approved by:

Ospraie Management, L.P.

Date: _____