

Part A (to be completed by employee)

Stelliam Investment Management LP 12 East 49th Street, 22nd Floor New York, NY 10017 *Phone*: (212) 490-6700 *Email*: gifts@stelliam.com

Matching Gift Program Application

Part B (to be completed by recipient organization) Part A – Employee: Please complete Part A and mail this application with your contribution/credit card receipt DIRECTLY TO THE ORGANIZATION.	
	Request Double Match (attach volunteer info)
	(
	E-mail Address (work)
Amount Requested to be Matched	Date of Gift
	Number of Shares
ation. My gift does not in any any monetary or material bene	way represent tuition or an offset against tuition, and this gift is not fit for me, or for any person or organization named by me. In s, or to fulfill a religious or political commitment. Date
<i>m</i> . Please complete Part B and	Tax Exempt ID Number
	Fax
	Web site Address
	Date Received
	Certifying Officer's Title
	Date
	Amount Requested to be Matched ganization within 180 days of t to um 20 hours per calendar year s a voluntary charitable contribution. My gift does not in any any monetary or material bene

Certification Statement: By signing and returning this form, I certify that the information in this document is accurate, that it is in compliance with all the terms, conditions and restrictions of the Stelliam Matching Gift Program, that this organization is in full compliance with the anti-terrorism laws legislated by the USA Patriot Act, and that I am authorized to attest to the above statements.