



**TAL INTERNATIONAL CONTAINER CORPORATION MATCHING GIFT PROGRAM**

*Application*

***TO BE MAILED WITH PERSONAL GIFT TO ELIGIBLE ORGANIZATION***

***To be completed by employee***

Work E-mail Address \_\_\_\_\_

Employee Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Amount of Personal Gift \$ \_\_\_\_\_

If securities, describe \_\_\_\_\_

**I certify that an irrevocable contribution has been sent to the above Organization which qualifies under Sections 170(c) and 501(c)(3) of the Internal Revenue Code and is an Organization eligible to receive a gift under the TAL International Matching Gift Program.**

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***To be completed by Organization***

**I certify that the gift described herein in the amount of \$ \_\_\_\_\_ was received by this Organization**

**on \_\_\_\_\_ as a personal gift of the employee named on this form.**

Signed \_\_\_\_\_

Print Full Name and Title \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Web Address \_\_\_\_\_

After certifying, submit this form to:

**TAL International Container Corporation  
Tax Department  
100 Manhattanville Road  
Purchase, NY 10577**