

Matching Gifts Request Form

Instructions for EMPLOYEE: Complete and sign the DONOR SECTION of the form below. Mail the form with the DONOR SECTION completed along with your donation check and a copy of the TALX Corporation Matching Gifts Plan policy to the recipient organization (attached below). Do not complete the ORGANIZATION SECTION.

DONOR SECTION

Employee name:

Address:

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Special purpose of donation (if any):

Cash donation amount: \$ _____ (of which only \$ _____ is to be matched, if different)

TALX Corporation will match an employee cash donation dollar-for-dollar. Minimum donation amount of \$50; maximum per calendar year as follows: employees \$500; directors \$1,000; officers \$5,000.

I request TALX Corporation to make a matching contribution on my behalf in the amount of \$ _____.

I have read the guidelines and believe this to be a qualified cash donation under the TALX Corporation Matching Gifts Plan.

Employee signature: _____ Date: _____

Instruction for RECIPIENT ORGANIZATION: Complete and sign the ORGANIZATION SECTION of the form below. Mail the completed form **with a copy of your tax-exempt status document and a copy of the employee cash donation receipt** to TALX Corporation, Matching Gifts Plan, 11432 Lackland, St. Louis, Missouri, 63146.

ORGANIZATION SECTION

Organization name:

Address:

City: _____ State: _____ Zip:

Telephone: _____ Fax:

Tax-exempt status (**enclose copy of document**):

Federal Tax ID number:

Educational institution accrediting agency:

I have read the guideline for the TALX Corporation Matching Gifts Plan and certify that the employee donation has been received and complies with the provisions of the plan.

Organization representative name:

_____ Organization

representative title: _____

Representative signature: _____ Date:
