



TDK U.S.A. Corporation Matching Gift Program

Part A

To be completed by employee and sent with gift to charitable organization of choice.

Date

Name of Recipient Organization or Institution

Enclosed is my personal gift of \$ _____ *

I authorize the above named organization to apply for a matching gift in an amount equal to two times my gift or \$2000, whichever is less.

Employee's Name

Department

I certify that the information submitted is correct and that my contribution fully complies with the provisions of TDK's Matching Gift Program.

Signature

Title

* Minimum contribution \$25. Maximum match \$2000 per year



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Part B

To be completed by recipient organization. Return completed form to:

TDK U.S.A. Corporation
c/o Human Resources Department
525 RXR Plaza
Uniondale, NY 11556

Date

Name of Recipient Organization

Address

City, State & Zip

\$ _____
Amount Received on mm/dd/yyyy

I certify that the above contribution has been received, that this organization is a nonprofit institution, and that contributions to it are tax deductible under the U.S. Internal Revenue Code.

Name of Authorized Officer (Printed)

Signature

Title of Authorized Officer

To be completed by TDK

Amount to be paid by TDK under the Program \$ _____ (Two times employee donation or \$2000, whichever is less)

Approved for payment by: _____

Title: _____

Date: _____