



**Texas Instruments Foundation**  
**Educational Matching Gift Program**  
*(For Education Contributions Only)*

<b>Part A</b>	<b>To be completed and signed by Donor - attach your gift and send directly to the institution.</b>
Form of Gift: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Securities <input type="checkbox"/> Shares <input type="checkbox"/> Pledge	
Date of gift: _____	
To: _____ (Name of institution or tax exempt entity designated to receive such gifts on behalf of the institution)	
Address: _____ (City) (State) (Zip Code)	
I/we: _____ enclose/donated a personal gift of (minimum \$50) \$ _____ (Name of TIER/spouse)	
or; Name of securities: _____ No. of shares: _____ Price per share: _____ (Value of securities given is the average of the high and low market prices on the date of gift.)	
Desired purpose of gift: <b>Specific Fund</b> * _____ Alumni Gift: _____ Unrestricted: _____	
<input type="checkbox"/> Employee <input type="checkbox"/> LOA  <input type="checkbox"/> Retiree <input type="checkbox"/> Director	Employee No.: _____ Site: _____ M/S: _____ Telephone No.: ( ) _____ E-mail address: _____
<p>I certify that my gift is a voluntary contribution, made from my own resources and not from gifts or loans of any other person or institution. My gift does not represent in any way tuition or payment in exchange for benefits received, nor is it given because I expect some monetary or other benefit to be given to me or to any person or institution named by me. In addition, my gift should not be used for religious, political or athletic purposes.</p> <p>Signature: _____</p>	<p style="text-align: center;">Donor's home address:</p> Name: _____ Street: _____ City/State/Zip: _____

<b>Part B</b>	<b>To be completed by authorized institution representative. Please type or print information, must be legible.</b>
I hereby confirm receipt of a gift of \$ _____ of which \$ _____ is tax-deductible, the gift was made on _____, 20__ from _____.	
I certify that my institution is classified as (check which one applies): <input type="checkbox"/> (1) a 501(c)(3) institution by the U.S. Internal Revenue Service or <input type="checkbox"/> (2) a government unit and the gift complies with the prescribed Texas Instruments Foundation's guidelines. <b>I am enclosing a copy of the check or proof of contribution if the gift is over \$250.</b>	
Authorized Representative (please print) _____ Date _____ Title: _____ Signature: _____ Telephone No.: ( ) _____	E-mail address: _____ Name of Institution: _____ Street: _____ City/State/Zip: _____ (for envelope)
Federal Tax Identification No.: _____	
<b>* If funds are designated for a specific fund, describe the fund:</b> _____	

<b>Part C</b>	Please return completed forms to address below.
<p><i>Texas Instruments Foundation</i>  <i>Matching Gift Center</i>          P.O. Box 9002          Stuart, FL 34995          Phone: 888-426-4726          Fax: 772-283-2550          E-mail: <a href="mailto:ti@matchgift.com">ti@matchgift.com</a></p>	