

Matching Gift Program

In order for your contribution to be matched, please complete this form. Please make a copy of this form for your records. TPG Matching Contribution will be sent directly to the charitable institution in your name.

As a reminder, the minimum and maximum matching contribution from TPG's matching Gifts Program is \$100 and \$3,000, respectively per employee during each calendar year.

If you have any questions or need additional information, please contact your office manager.

Part A: Contributor

To be completed by the contributor and sent by you to the recipient organization along with your personal contribution.

Name of Employee/Contributor	Social Security Number	TPG Office, City
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Home Address, City, State and Zip Code

Business Telephone	Business Fax	E-Mail
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Date of Gift	Enclosed is my personal gift of
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or	shares of
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of shares

Name of Security

to

Name of Recipient Institution or Organization

The above recipient is to report this gift to TPG in order to qualify for a matching gift. I hereby certify that the information submitted by me is completed and correct, and that my gift fully complies with the provisions of the Matching Gifts Program.

Signature	Date
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Part B: Recipient Organization

To be completed by the recipient organization. Please return the completed form to: TPG, 301 Commerce Street, Suite 300, Fort Worth, TX 76102, Attn: Tina Gocke

Institution or Organization	Federal Tax Identification Number
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Mailing Address, City, State and Zip Code

Telephone	Fax	E-Mail/Web site Location
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I certify that the gift mentioned in Part A of this form was made by the individual named and has been received by this institution, and the gift was given without promise or provision of material benefit to the donor, any member of the donor's family or any other person(s) designated by the donor. Contributions to the organization noted above are eligible for deduction for federal income tax purposes. Further, I certify that the gift will not be used to fulfill payment of any fees or services or in lieu of tuition.

Authorized Officer's Name	Title
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Authorized Officer's Signature	Date
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