



Autonomy Matching Gift Form

Donor Section (Autonomy employee completes this section):

Employee Name: _____ Employee Number: _____

Location: _____

Work Telephone Number: _____

Autonomy will match an employee's cash contribution dollar-for-dollar **up to \$500** dollars per fiscal year

I request Autonomy make a matching contribution on my behalf in the amount of \$ _____ to _____.
(recipient organization)

I have read the guidelines and believe this to be a qualified contribution under the Autonomy Matching Gift Program.

Signature _____ Date _____

Organization Section (to be completed by recipient institution):

Organization Name: _____

Address: _____

City/State/Postal Code: _____

Telephone: _____

Please attach documentation of tax exempt status [501 (c) 3 form if in U.S.]

I certify that a gift in the amount of \$ _____ has been received from _____.
(enter employee's name here)

Your Name: _____

Title: _____

Signature _____ Date _____

*Please mail completed form and **proof of tax exempt status** to:*

Autonomy Giving Program
2880 San Tomas Expressway, Suite 130
Santa Clara, CA 95051

***Please note that approved Matching Gift payments will be made between January 1, 2008 and January 31, 2008.**