

MATCHING FUND CONTRIBUTION FORM

Form Number: 2A-ALL-ADM-0053-F

Revision: 4 Page: 1/1

All matching fund contributions must meet the standards and requirements of the Air Liquide Corporate Charitable Contributions Policy found at http://insite/communications/contributions.asp.

Part 1 – Employee			
(To be completed by Air Liquide employee and forwarded to you have donated online, attach your donation receipt, scan	the receiving organizatio and email directly to Corp	on for acknowledgement. If porate Communications.)	
Date:			
1,	with employe	e no:	
have made a personal contribution in the amount of	to the following institution:		
Institution:	. Website:		
Address:		1. If your version of Adobe Acrobat does not	
City: State:	Zip:	allow you to enter an electronic signature, enter your email address. 2. If-sending by mail, see mailing address above. 3. Email Corporate Communications.	
Employee Electronic Signature or Employee	yee Email Address		
Part 2 – Acknowledgement			
(To be completed by the Institution receiving the contribution 2700 Post Oak Suite 1800, Houston, TX 77056, or you may em			
Date:			
We acknowledge receipt of a personal contribution t	to our organization by	5	
	in the a	mount of \$	
Employee Name			
Institution Name:	Federa	I Tax I.D.	
Address:	City:	State: Zip:	
Authorized Signature	Printed Name	Authorizer Title	
Authorizer Email:	Enter your electron	onic signature or email address for confirmation.	
Part 3 – Funding		Check Request No:	
(To be completed by Air Liquide Matching Fund program	administrator.)		
Date:			
On behalf of Air Liquide USA LLC, we are pleased to e	enclose a check in the	amount of \$	
as a matching fund from Air Liquide employee:			
Authorized By Pri	nted Name	Title	