

## APPLICATION AND CHECKLIST

### Matching Gifts Application Checklist

Follow this checklist as you complete your application below to ensure all required information is provided to Williams. **Incomplete applications will not be accepted.**

- \_\_\_\_\_ Make sure your organization is a 501(c)(3) non-profit and fits the eligibility requirements of the Matching Gifts program. See the [criteria](#)
- \_\_\_\_\_ Make a contribution of at least \$25 to the recipient organization and promptly complete this checklist and application.
- \_\_\_\_\_ Complete all of PART A on the application and provide signature.
- \_\_\_\_\_ If donating stock, attach a stock receipt from your broker that includes the number of stocks and the amount per share at the time of sale.
- \_\_\_\_\_ [Send the form and stock receipt, if applicable, to the recipient organization.](#)
- \_\_\_\_\_ Expect to hear from Community Relations regarding confirmation of the Matching Gift within 90 days of Williams' receiving the completed application and all required documentation.

Thank you for your contribution and for making a difference in your community!

If you have questions, please e-mail [Diversity&CommunityRelations@williams.com](mailto:Diversity&CommunityRelations@williams.com) or call 918-573-1190

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# Williams Matching Gifts Form

## Part A: To Be Completed by Employee or Retiree

Complete Part A and send to the organization with your contribution

Legal Name: \_\_\_\_\_ 6 digit employee ID (if known): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employment Status: Active  Board of Directors  Retiree:

**Gift Amount: \$** \_\_\_\_\_ Payment Method: Cash/Check:  Credit Card  Securities (# of shares) \_\_\_\_\_  
*(\$25 Minimum)*

Is this donation for disaster relief or a capital campaign?  Yes  No  \*If Stock, please attach hard copy of stock transaction receipt, including number of stocks and amount per share at time of sale.

I hereby certify that I am an eligible participant and am making this personal gift under the conditions stated in the program guidelines on this form and authorize the recipient institution to report my giving to Williams. I also certify that my gift does not represent payment in exchange for benefits received.

Print Legal Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Gift Date: \_\_\_\_\_

## Part B: To Be Completed by Recipient Organization

Please print, Complete Part B and forward completed from as directed below. Do Not abbreviate the name of the organization

Name of Organization/Make check Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Org. E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Provide a brief description of the organization's mission and how the funds will be applied: \_\_\_\_\_ Organization Tax ID #: \_\_\_\_\_

**Gift Amount Received: \$** \_\_\_\_\_ (\$25 minimum)

\*If Stock, please attach hard copy of stock transaction receipt, including number of stocks and amount per share at time of sale. Is this donation going to an agency or organization affiliated with the United Way? Yes:  No:

I certify that the entire amount of the above gift is tax deductible by the donor. If the entire amount is not tax deductible, then the tax deductible portion is: \$ \_\_\_\_\_ \*Gifts to United Way agencies are only accepted if they are for disaster relief or capital campaigns.

I hereby certify that the above gift has been received, that it represents the gift of one person only and that it will be used to support the primary objectives of this organization, which is classified as a tax-exempt 501(c)3 organization according to the United States Internal Revenue Code except those which are specifically excluded. I certify that the tax-exempt status has not been modified or revoked as of the date hereof. Furthermore, I certify that this gift is a voluntary contribution from the donor and does not represent tuition or any other payment in exchange for or in expectation of monetary or other benefits to be given to the donor. I also certify that the information in Part B is true and

Return validated form to:  
Williams Diversity & Community Relations  
-- Matching Gifts  
One Williams Center, MD 45-4  
Tulsa, OK 74102  
(918) 573-1190  
Fax: (918) 573-6006

Signature of Authorized Officer: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date Mailed: \_\_\_\_\_