

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](#) (link to: eligibility requirements)
- _____ Make a contribution 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 stock at the time of sale.
- _____ Send the form and stock receipt, if applicable, to the recipient organization.
- _____ Confirm recipient organization will provide all required information, including a copy of their IRS Letter of Determination showing the 501(c)(3) tax status and stock confirmation.
- _____ 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 Communityrelations@williams.com or call 918-573-0786.

Williams Matching Gifts Form



Part A: To Be Completed by Employee or Retiree
Please print, complete Part A and send to the organization with your contribution.

Name: _____	Peoplelink 6 Digit ID or SSN: _____
Address: _____	City: _____ State: _____ Zip: _____
E-Mail Address: _____	Phone – Office/Home/Cell: _____
Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Board of Directors <input type="checkbox"/> Retiree Date of retirement: _____	
Gift amount: _____ (Cash amount or Fair Market Value of securities) *If stock, please attach hard copy of stock transaction receipt, including number of stocks and amount per stock at time of sale. Failure to do so will result in a delay in processing the gift. Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Securities (number of shares) <input type="checkbox"/> Title of security	Is this donation going to an agency or organization affiliated with the United Way? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please see the eligibility guidelines under Health & Human Services. Gifts to United Way agencies are only accepted if they are for disaster relief or capital fund drives. 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. Please sign and date. Signature: _____ Gift Date: _____

Part B: To Be Completed by Recipient Organization
Please print, complete Part B and forward completed form as directed below.

Name of Organization/Make check payable to: _____			
Physical Address: _____	City: _____	State: _____	Zip: _____
E-Mail Address: _____	Web site URL: _____		
Provide a brief description of the organization's mission:			

Gift amount received: _____ (Cash amount or Fair Market Value of securities) *If stock, please attach hard copy of stock transaction receipt, including number of stocks and amount per stock at time of sale. Failure to do so will result in a delay in processing the gift. Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Securities (number of shares) <input type="checkbox"/> Title of security Is this donation going to an agency or organization affiliated with the United Way? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please see the eligibility guidelines under Health & Human Services. Gifts to United Way agencies are only accepted if they are for disaster relief or capital fund drives. 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: \$ _____ Please check that a copy of the organization's 501(c)(3) IRS Letter of Determination is attached. Incomplete applications will not be accepted.	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 enclosed a copy of the current letter from the IRS regarding the tax-deductibility of the contribution for income tax purposes and certify that such letter has not been revoked or modified 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 accurate. Return validated form to: <div style="text-align: center;"> Williams Community Relations – Matching Gifts One Williams Center, MD 45-4 Tulsa, OK 74102 (918) 573-1190 </div> Signature of Authorized Officer: _____ Printed Name: _____ Telephone Number: _____ Date Mailed: _____
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*Recipient organizations are required to attach a current copy of the IRS Letter of Determination showing the 501(c)(3) tax status and stock confirmation if the donation was made in stock. Failure to do so will cause a delay in receiving the gift. **This form must be forwarded promptly by the recipient organization to Williams. The gift will be processed within 90 days of receipt by the Williams Matching Gifts Administrator and matched in the same calendar year as the Gift Date.