AAON, Inc. Matching Gift Form

Part A – TO BE COMPLETED BY DONOR
The Company will match contributions of up to $1,000 per team member, per calendar year.

Employee # _____ Name_____

Home Address _____

City/State/Zip Code_____

Email address _____ Work Location (city) _____

Daytime Phone _____

Individual Gift Minimum Contribution: $100
Please specify the $ amount to be Matched $_____

Organization Receiving Gift:_____

Address:_____ City, State, Zip Code_____

Exact Date of Gift _____
Made by: ____Cash _____Check ___Credit Card _____

I certify that this gift meets with all the specifications as described in the company information as it relates to matching gifts. I am currently an eligible employee of AAON, Inc.

Signature of donor _____

Date_____

Part B TO BE COMPLETED BY RECIPIENT INSTITUTION

1. Verify donor section. Fill out Part B Completely.
2. Mail or email this form along with a photocopy of the check or proof of credit card donation along with a W-9 to AAON, Inc. 2425 S Yukon Ave Tulsa, OK 74107 Attn: Stephanie Cameron or matchinggifts@aaon.com.

I certify that this institution is recognized as a tax-exempt public charity (not a private foundation) by the IRS under Section 501 (c) (3) and that the donor has received no benefit, reward or consideration as a result of this contribution. A copy of your Section 501 (c) (3) letter dated with the current year must be included along with a W-9. Failure to include these may prevent processing.

Donor_____ Amount_____

Date Received_____Organization _____

Tax ID_____ Email address_____

Address _____

Phone _____ City/State ZIP_____

Signature of Officer (not a stamp) _____

Print or type Full Name and Title of Officer_____