



Altec, Inc. Associate Matching Gift Program Request Form

INSTRUCTIONS

Donor:

- Complete part 1 of this form - one for each gift. Please print or type.
• Send the form and a copy of the program guidelines with your contribution to the organization.

Recipient Organization:

- Verify receipt of gift.
• Complete Part 2 of this form. Please print or type.
• If this is your first matching gift request to the Altec, Inc. Associate Matching Gift Program, please enclose a copy of your 501(c)(3) IRS determination letter and a brief description of your organization's primary mission statement or purpose.
• Forward form to the address printed below.

PART 1 - DONOR SECTION

Donor Name

Home Address

City/State/Zip

Business Telephone (Including Area Code)

Email Address

Exact Date of Gift

\$ Amount of Gift(Min:\$25) \$ Amount to be Matched(Min:\$25)

Type of Gift: Please circle one

Check/Credit Card Stock

If Stock, Number of Shares and Name of Stock

Name of Organization

Organization City, State

Restriction or Purpose(if Any)

I certify that neither my family nor I will derive any direct financial or material benefit from this contribution. I authorize the above-named recipient organization to report this gift to Altec, Inc. for the purpose of applying for a matching gift. I certify that my gift is a voluntary contribution, that it fully complies with the provision of the program described herein, and does not represent in any way a fee for a service or benefit. Any misrepresentation by me of the statements made herein will forfeit my rights to any matching contributions and, in addition, may result in violations of law. In addition, I certify that I have not been nor will be reimbursed by anyone for this contribution. I have read and understood the guidelines of the Altec, Inc. Associate Matching Gift Program.

Donor Signature Date

PART 2 - RECIPIENT ORGANIZATION SECTION

Employer Identification Number(EIN)

Organization Name

Address

City/State/Zip

Telephone(Including Area Code) Fax(Including Area Code)

Email

Website Address(if any)

Date Gift Received

\$ Amount of Gift \$ Tax Deductible Gift Amount

I hereby certify that this organization/program meets the eligibility requirements of the Altec, Inc. Associate Matching Gift Program, and that neither the donor nor Altec, Inc. will derive any personal material benefit from this gift or match.

Authorized Officer's Name (Please Print)

Title (Please Print)

Signature of Authorized Officer Date

PLEASE MAIL THE COMPLETED FORM AND ANY REQUIRED ENCLOSURES TO:

Altec, Inc. Associate Matching Gift Program
Attn: Matching Gifts Program c/o Foundation Administrator
210 Inverness Center Drive
Birmingham, AL 35242

Phone:(205) 437-4141
E-mail:associatematchinggifts@altec.com