

Section 1 – To Be Completed by Donor (Employee or Director)

Employee's Name _____

Office location & 4-digit employee # _____

Name of Recipient Organization _____

Donation Amount (\$25 Minimum) _____ Date of Donation _____

Description and fair market value of meals, entertainment, tickets, property, goods, publications, or services you received in exchange for this donation. *If none were provided, please write "None".* _____ \$ _____

Donation made by: (select one)

☐ Personal Check ☐ Debit/Credit Card ☐ Stock

☐ Check issued by my personal or family foundation or donor-advised fund

☐ I have attached a copy of the 1) check, 2) debit/credit card receipt, 3) brokerage statement for a stock donation, or 4) check issued by my personal or family foundation or donor-advised fund. **(you must attach one of these documents): ***

"I certify at the time of this gift that: I am a regular full-time or part-time employee or a current member of the Board of Directors of EOG Resources, Inc.; it is solely my personal contribution or a contribution paid from my personal or family foundation or donor-advised fund that was funded solely by me; it meets the requirements of the Program; and, it is not a restricted gift as defined in Section 3 of this form. I understand that omission of any information or failure to comply with the Program requirements will disqualify my donation from this Program."

Signature of Donor (Employee or Director of EOG Resources, Inc.) _____

Date _____

Section 2 – To Be Completed by an OFFICER of the Recipient Organization

Name of Organization _____

Contact Name and Title _____

Mailing Address _____

City, State and Zip Code _____

Telephone Number _____

Federal Identification Number _____

Email Address & Website _____

Name of Donor _____

Date Donation Received ____ / ____ / ____ Total Amount Received \$ _____

This donation was made by ☐ Check ☐ Debit/Credit Card ☐ Stock ☐ A check from a personal or family foundation or donor-advised fund. **A copy of the check, debit/credit card receipt, or brokerage statement is attached*** ☐ Yes ☐ No

Has or will this donation be matched by another individual, organization or company? ☐ Yes ☐ No

Have you attached the current IRS 501(c)(3) Determination Letter? * ☐ Yes ☐ No

Did you provide meals, entertainment, tickets, property, goods or services to the donor in exchange for this donation? If yes, provide a description and the fair market value. ☐ Yes ☐ No

Did the donor designate this gift to benefit a named person(s) or for a specific use, purpose, or program? If yes, provide a description. ☐ Yes ☐ No

\$ _____

"I certify that the above gift was made solely by the above named donor, it was received by this organization, and it represents the gift of one person only or it is a gift from a personal or family foundation or donor-advised fund. The gift will support the primary objectives of this organization, which is classified as a tax-exempt 501(c)(3) organization or a public school. I further certify that this gift and use of the matching gift meets the terms and conditions outlined in Section 3 of this form, and I agree that this organization is bound by the terms of the program, including EOG Resources' right to audit this organization's records pertaining to this gift and its use. A copy of the current IRS determination letter and accreditation certificate, if applicable, are enclosed and remain in full force and effect."

Signature of the Organization's Certifying Officer _____

Date _____

Mailing Address: Teresa Kaplan, Matching Gifts Administrator, EOG Resources, Inc., P. O. Box 4362, Houston, Texas 77210-4362