Kinder Morgan Foundation Matching Gift Program

Part A – Employee Application: To be completed by the employee, signed and mailed, along with Part B, to the organization. (The organization must complete Part B.)

Employee name:	
Work address:	
City, state and zip:	
Employee e-mail address:	
Employee work phone:	
Name of eligible organization:	
Amount of gift:	Date of gift:
I certify that I have read the matching gift gomeets the guidelines for matching.	uidelines and I affirm that the gift described above
Employee signature:	Date:
Part B – Organization Certification: To b	e completed by the eligible organization.
Organization name:	
Mailing address:	
City, state and zip:	
Employer identification number (EIN):	
Contact name:	
Contact title:	
Contact phone:	
Contact e-mail address:	
Amount of gift:	
Tax deductible portion of gift·	

(Part B continued on next page.)

Kinder Morgan Foundation Matching Gift Program

(Part B continued.)

of this organization for the purpose stated on this guidelines. This organization will not provide any donor in return for or as a result of this gift or its m	benefit of more than nominal value to the
donor in return for or as a result of this gift or its m	

Authorized signature:	Date:	
Name:		
Title:		
Phone:		

<u>Do not</u> attach copies of checks, IRS 501(c)(3) determination letters or any other supporting documents.

Gifts must be made by Dec. 31 and completed forms must be submitted to the Kinder Morgan Foundation by Jan. 31 of the following year to be eligible for a match.

Send Parts A and B to: Kinder Morgan Foundation Attn: Maureen Bulkley 370 Van Gordon Street Lakewood, CO 80228

-or-

E-mail a scanned copy to km_foundation@kindermorgan.com

Questions? Contact us at km_foundation@kindermorgan.com or (303) 914-7655.