



## Matching Gifts Program Request Form

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### INSTRUCTIONS

- Complete this form – one for each gift. Please print or type.
- Return this form along **with a receipt or letter from the recipient organization** with confirmation of the tax-exempt / 501(c)(3) status of the organization.

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
PHONE NUMBER, INCLUDING AREA CODE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
DATE OF GIFT

\$ \_\_\_\_\_  
AMOUNT OF GIFT (MIN \$50)

\$ \_\_\_\_\_  
AMOUNT TO BE MATCHED (MIN \$50)

Type of gift: Please check one: ☐ Check ☐ Credit

\_\_\_\_\_  
NAME OF ORGANIZATION

\_\_\_\_\_  
ORGANIZATION CITY, STATE

I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution. I certify that my gift is a voluntary contribution, that it fully complies with the provisions of the program described herein, and does not represent in any way a fee for a service or benefit. I have read and understood the guidelines of the Air Tractor Matching Gifts Program.

\_\_\_\_\_  
DONOR SIGNATURE

\_\_\_\_\_  
DATE

### RETURN COMPLETED FORM AND RECEIPT TO:

Air Tractor, Inc. – Attn: Accounts Payable  
PO Box 485; Olney, TX 76374  
Phone: 940-564-5616