



**MATCHING FUND CONTRIBUTION FORM**

Form Number: 2A-ALL-ADM-0053-F  
Revision: 3  
Effective Date:  
Page: 1/1

All matching funds contributions must meet the standards and requirements of the Air Liquide Corporate Charitable Contributions Policy

**Part 1 – Employee**

(To be completed by Air Liquide employee and forwarded to the receiving organization for acknowledgement. If you have donated online, attach your donation receipt, scan and email directly to Vaidehi Godhania.)

Date: \_\_\_\_\_

I, \_\_\_\_\_ with employee no: \_\_\_\_\_

have made a personal contribution in the amount of \$ \_\_\_\_\_ to the following institution:

Institution: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. If your version of Adobe Acrobat does not allow you to enter an electronic signature, enter your email address.
2. If sending by mail, see mailing address above.
3. Email [Corporate Communications](#).

\_\_\_\_\_  
Employee Electronic Signature or Employee Email Address

**Part 2 – Acknowledgement**

(To be completed by the Institution receiving the contribution. PLEASE INCLUDE W-9 FORM and mail to: Corporate Communications, Air Liquide USA LLC, 2700 Post Oak Suite 1800, Houston, TX 77056, or you may email the form to vaidehi.godhania@airliquide.com.)

Date: \_\_\_\_\_

We acknowledge receipt of a personal contribution to our organization by:

\_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
Employee Name

Institution Name: \_\_\_\_\_ Federal Tax I.D. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Printed Name Authorizer Title

Authorizer Email: \_\_\_\_\_ Enter your electronic signature or email address for confirmation.

**Part 3 – Funding**

Check Request No: \_\_\_\_\_

(To be completed by Air Liquide Matching Fund program administrator.)

Date: \_\_\_\_\_

On behalf of Air Liquide USA LLC, we are pleased to enclose a check in the amount of \$ \_\_\_\_\_ as a matching fund from Air Liquide employee: \_\_\_\_\_

\_\_\_\_\_  
Authorized By Printed Name Title

REFERENCE FORM

User must assure that this revision of the form is current prior to use.  
Completed forms become permanent records subject to the record retention policy.