IBM MATCHING GRANTS ORDER FORM

INVOICE TO ADDRESS:  NAME OF INSTITUTION:  
SHIP TO ADDRESS: (PLEASE BE AS SPECIFIC AS POSSIBLE)  NAME OF INSTITUTION:  
CUSTOMER REF. #:  ATTN:  
BUILDING #/NAME:  BLDG #:  ROOM #:  
STREET/P. O. BOX:  STREET/P. O. BOX:  ZIP:  ZIP:  
CITY, STATE:  CITY, STATE:  
TELEPHONE # (   )  TELEPHONE # (   )

<table>
<thead>
<tr>
<th>PRODUCT TYPE</th>
<th>MODEL, FEATURE OR PART #</th>
<th>QUANTITY</th>
<th>CUSTOMER REQUESTED ARRIVAL DATE</th>
<th>DESCRIPTION/COMMENTS</th>
<th>SUBSTIT.</th>
<th>UNIT PRICE</th>
<th>EXTENDED PRICE</th>
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FOR INFORMATION CONTACT: 1-800-777-4768  
MONDAY THROUGH FRIDAY - 8:30 A.M. TO 5:15 P.M., est  
SUBMIT IBM MATCHING GRANTS ORDER FORM BY:  
Fax: 1-800-437-3863  
or  
Mail to:  
IBM Corporation  
Corporate Support Programs Order Center  
4800 Falls of the Neuse  
Raleigh, NC 27609  

AUTHORIZED CUSTOMER SIGNATURE______________________ DATE________________

TOTAL $ _____