

The ACE Charitable Foundation Matching Gifts Program

ACE believes its employees should positively influence the communities in which they work and live. ACE will actively support community, environmental, health, human services, educational and cultural nonprofit organizations or institutions in which our employees have an active interest. The Matching Gifts Program is designed to direct a significant segment of Foundation giving by matching individual's contributions from a \$25.00 minimum to a \$5,000 maximum.

Donor and recipient eligibility requirements are listed below:

Donor Eligibility: All current full-time US based employees of ACE are eligible to participate in this program. All employees **MUST** have been with ACE or a predecessor company *for at least 6 months* at the time of their donation.

Matching Gift Limits: The ACE Charitable Foundation will match at 100% individual employee charitable contributions to environmental, health, human services, educational and cultural organizations/institutions from a minimum of \$25.00 to an aggregate maximum of \$5,000.00 per calendar year. Both the individual gift and the Foundation gift must be used for the sole benefit of the eligible organization/institution. There is no limit to the number of organizations/institutions for which an employee can request a match. The \$25.00 minimum donation applies to the **tax-deductible** portion only. ***Please note that starting in 2008 we are required to have an IRS Determination letter and the first page of the 990 form from the organization to match your gifts.***

Exclusions: Among those organizations or institutions excluded from the Matching Gift Program are: social/fraternal organizations, political/advocacy organizations, religious organizations (however, social services affiliated with religious organizations are eligible), payments for which a benefit is received by the donor (such as tuition payment, fees, membership dues), contributions made in installments, gifts of personal property (except publicly traded securities), fees for publications or ticket payments.

Recipient Eligibility: Institutions must be recognized by the US Treasury Department as nonprofit organizations located in the US and tax exempt under 501 (c)(3) of the Internal Revenue Code to be eligible for consideration under the Matching Gifts Program. ***STARTING IN 2008 we are required to have an IRS Determination letter and the first page of the 990 form from the organization attached to the completed application.***

Disbursements: The Matching Gifts Program disbursement schedule consists of two semi-annual periods ending June 30 and December 31 with disbursements paid within three months thereafter.

The ACE Charitable Foundation reserves the right to make final determination as to the eligibility of all matching gifts, donors and recipients.

More information or questions about the ACE Charitable Foundation Matching Gifts Program, including eligibility requirements and forms, please contact April McShane at 215 640-1125 or april.mcshane@acegroup.com.

PLEASE RETURN MATCHING GIFT APPLICATIONS TO: Matching Gifts Program, ACE Charitable Foundation, 436 Walnut Street, WA01M, Philadelphia, PA 19106-3703



Application for the ACE Charitable Foundation Matching Gifts Program

Please fill out all sections completely and accurately. The ACE Charitable Foundation cannot be responsible for returning or processing incomplete or inaccurate forms.

<i>For Internal Use Only</i>	Date Received:
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PART A: Donor Information

To be completed by the employee donating. Please print or type.

Send form to recipient organization with your gift.

Last Name:		First Name:		Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
Employee ID (Found on People Soft):				Date Hired (Month/Day/Year):			
Office Address:				Routing code:			
City:				State:	Zip Code:		
Telephone Number:							
Home/Mailing Address:							
City:				State:	Zip Code:		
Organization to which you are giving:				Organization Type: (Choose One)			
If Marketable Securities, Name:				<input type="checkbox"/> Education		<input type="checkbox"/> Health	<input type="checkbox"/> Arts & Culture
				<input type="checkbox"/> Human Services		<input type="checkbox"/> Environmental	
No. of Shares:		Per Share Price:		Gift Value:			
		\$		\$			

Certification: I certify that my gift is a voluntary contribution to a qualifying educational, health, arts and cultural, human services or environmental organization as defined under RECIPIENT ELIGIBILITY. I verify that these are my own resources and not the gifts or loans of any other person or organization. My gift is not tuition or other payment made because I expect some monetary or other benefit to be given to me, or to any person or organization affiliated with me. Furthermore, I certify that I meet the donor eligibility requirements set forth in this brochure. I understand that matching gifts are contributions from The ACE Charitable Foundation and are not from me. In addition, my gift will not be used for religious or political purposes, or to fulfill a religious or political commitment.

Signature: _____ Gift Date: _____

Part B: Recipient Organization Information

Name of Organization:		Federal Tax ID Number:	
Mailing Address:		City:	State: Zip Code:
Email/ Website:		Telephone Number:	

To be completed by a fiduciary of the recipient organization.

Verification: I verify receipt of the gift described in Part A, whose tax-exempt value is \$ _____, and certify that this organization is a nonprofit public institution/organization, and that contributions to it are tax deductible under Sections 501(c)(3) and 170(b) of the Internal Revenue Code of the United States. Moreover, this institution/organization is not a private foundation as defined in Section 509(a) of the Internal Revenue Code, nor does it discriminate on the basis of race, sex, color or creed. Furthermore, I certify that this gift does not represent in any way tuition or payment in exchange for, or in expectation of, monetary or other benefits; nor is it intended for political purposes, or to fulfill a religious or political commitment.

Signature: _____ Date Signed: _____

Print Name: _____ Title: _____

INFORMATION FOR ORGANIZATION: The ACE Charitable Foundation disburses twice each year. Verified records must reach The ACE Charitable Foundation by June 30 for the first payment cycle, and by December 31 for the second cycle. All applications received after these dates will be considered for the following disbursement cycle. Gifts are not matched retroactively. The ACE Charitable Foundation reserves the right to make final determination as to the eligibility of all matching gifts recipients. **AN IRS DETERMINATION LETTER AND THE FIRST PAGE OF THE 990 FORM FROM THE ORGANIZATION MUST BE ATTACHED TO THIS APPLICATION.**

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