

# AMIS MATCHING GIFT PROGRAM

## INSTRUCTIONS:

The contributing employee is to fill out Part A and transmit this entire sheet with his or her contribution, to the school, college or university or the alumni fund named. Upon receipt of the contribution, the recipient institution is to fill out and execute Part B and return this form to AMI Semiconductor, Inc., Matching Gift Program, as soon as possible. This program does not include coverage of payments on Loans, Grants or other personal obligations.

## PART A

(To be completed by employee) Date \_\_\_\_\_  
Enclosed is my personal gift of \$\_\_\_\_\_ to \_\_\_\_\_ which is authorized to report this gift to AMI Semiconductor, Inc. for the purpose of qualifying for a contribution pursuant to the provisions of the Matching Gift Program.

Signature \_\_\_\_\_  
(Employee)

Print Full Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_

## PART B

(To be completed by chief financial officer of school, college or university or designated officer of alumni fund.)

I hereby certify that a gift of \$\_\_\_\_\_ was made to \_\_\_\_\_  
(Institution or Alumni Fund)  
on \_\_\_\_\_ by \_\_\_\_\_ and is not to be considered as  
(Date) (Name of Employee)  
payment on loans, grants or other personal obligations.

Date: \_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Print Full Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Mail Completed form to: AMI Semiconductor, Inc.  
General Accounting Dept.  
2300 Buckskin Road  
Pocatello, ID 83201

**NOTE:** AMIS reserves the right of interpretation, application and administration of this program. Yearly Company total matching contributions are limited to budget constraints, thus depending on demand, Company matching may be discontinued during any given fiscal year.