

Matching Gifts Program



ATMI's Matching Gifts Program

ATMI employees give back to their communities in many ways, and ATMI recognizes and applauds these efforts. ATMI's Matching Gifts Program is designed to encourage employees to give their personal financial support to eligible organizations by matching employee's gifts.

ATMI's Matching Gifts Program will match direct personal contributions of cash or marketable securities made by eligible ATMI employees to eligible institutions. Contributions will be matched dollar-for-dollar within specified limits. Qualifying contributions must be a minimum of \$25, and can be up to a maximum of \$1,000 per individual per calendar year. An employee may not apply for more than 5 matching gifts per year. Individual institutions are limited to \$15,000 in total matching support from ATMI per calendar year. The total amount of all matching gifts that ATMI will consider each calendar year is determined in the budgeting process and may vary from year to year.

The ATMI Matching Gifts Program is administered by the Danbury Giving Committee. Applications for matching gifts from all U.S. employees will only be considered by the Danbury Giving Committee and must be received within three months of the date that the gift was made. Matching Gift Applications are available on-line at ATMI Insight.

ATMI Matching Gifts Program Process Steps

1. ATMI Employee makes a gift to a qualifying organization.
2. ATMI employee completes the Employee Section of the Matching Gifts Application Form. Employee sends the completed application to the qualifying organization.
3. The qualifying organization completes the Recipient Organization Section of the Matching Gifts Application Form verifying that the gift was received, and returns the form to the address on the Matching Gifts Application Form.
4. ATMI Danbury Giving Committee determines eligibility and, if approved, authorizes payment. Checks are sent directly to the qualifying organization and an acknowledgement e-mail is sent to the employee.
5. Matching gifts contributions are awarded and mailed at the end of the fiscal quarter in which the completed form is approved.

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ATMI's Matching Gifts Program reserves the right to determine whether a gift shall be matched, as well as the right to change or terminate the Matching Gifts Program without notice. Potential recipient organizations may be asked to demonstrate non-profit charity status, fiscal stability, and programmatic results in order to be deemed eligible.

Eligible Employees

Regular active employee of ATMI working in a U.S location. Spouses of eligible employees, directors, temporary employees or retirees are not eligible to participate.

Ineligible Organizations

- ◆ Individuals
- ◆ Groups promoting a particular faith or religion to a specific group
- ◆ Groups promoting any political agenda or candidates for political office
- ◆ Labor, fraternal, and social organizations
- ◆ Event sponsorships (such as golf matches, runs, walks, etc.).
- ◆ Sports sponsorships (schools, clubs, leagues). However, matching gifts will be considered when the sponsorship specifically supports participation of needy youth.
- ◆ Organizations that do not have current tax-exempt status under section 501 (c) (3) of the U.S. Internal Revenue Code.
- ◆ Organizations that otherwise do not fit ATMI's Giving Mission

Ineligible Contributions or Uses of Contributions

- ◆ Payments for tuition, books or other student fees
- ◆ Fees for any services resulting in substantial personal benefit including membership, alumni dues, subscriptions or tickets to events or dinners, goods or services to the employee, employees' family or other designated individuals in exchange for the solicited matching gift.
- ◆ Gifts of real or personal property other than negotiable stock

Conditions

- ◆ All matching gifts funds will be restricted to the same purpose as the employee's own gift.
- ◆ Gifts must be paid, not merely pledged.

- ◆ Employee's gift must be a charitable contribution that can be deducted by the individual for federal income tax purposes.
- ◆ The Company reserves the right to deny matching gifts when the receiving organization's use of the funds does not meet ATMI's Giving Mission.

ATMI will endeavor to make informed and reasoned decisions concerning its charitable giving, but must rely on the accuracy and integrity of the information provided by its employees and the organizations seeking contributions.

ATMI hereby disclaims all liability in any way arising out of the acts or omissions of any entity or organizations to which it provides a charitable contribution, or arising out of the acts or omissions of its employees while providing charitable contributions or services to such entity or organizations pursuant to this policy. The views, opinions and activities expressed or undertaken by the entities or organizations to which ATMI provides charitable contributions are not necessarily the views, opinions or activities of ATMI, and in no way shall be represented as such without the express written consent of ATMI by and through its authorized representative. The ATMI name and logos shall not be used in conjunction with any charitable entity or organization without the express written consent of ATMI, by and through its authorized representative.

Matching Gifts Application

A T M I



Matching Gifts Program Application

Part A:

To be completed by donor. Please print or type.

1. Donor Information

Donor's Name

Donor's Address

City, State, Zip

Office Phone

Social Security

Business Unit Location

2. Recipient Information

Name of Organization

Address of Organization

City, State, Zip

3. Gift Information

Amount of Gift \$ _____

Form of Gift: Credit Card Check Securities

Exact Date of Gift: _____

If the gift was made in support of a particular program, please explain: _____

I certify that the gift listed above has been made in the amount and in the form indicated and that neither I nor any member of my family, nor any related third party, will benefit in any way from this gift. I further certify that the amount given is entirely my own and is eligible to be matched according to the stated guidelines.

Part B:

To be completed by charitable organization. Please print or type.

Legal Name of
Organization _____

Mailing Address

City, State, Zip

Phone

Executive Director

I certify receipt of the gift described on behalf of the named donor in the amount of \$ _____, received on _____, and certify that this institution/organization is a nonprofit public charity, and exempt from taxes under Section 501 (c) (3) of the Internal Revenue Code of the United States. 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 to be given to the donor or any person/organization named by the donor.

Name of Organization Representative

Title

Signature

Return Matching Gifts Form and copy of the organization's 501 (C) (3) ruling to:

Donor's Signature

Date: _____



ATMI Matching
Gifts Program
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