



Altria Group, Inc. will match eligible donations made by employees to eligible non-profit organizations. The program is designed to encourage and support employee contributions to community-based charitable organizations.



Who is Eligible?

- Regular full-time, actively working employees of Altria Group, Inc. or any of its domestic subsidiaries, and those who are on short-term disability or Family Medical Leave (FML) are eligible.

Who is NOT Eligible?

- All retirees, part-time employees, interns, and those on long-term disability or salary continuance (severance) are not eligible.

What Institutions and Organizations are Eligible?

- Organizations and institutions must be located in the United States and recognized as tax-exempt by the Internal Revenue Service under Section 501c(3) of the Internal Revenue Code.
- Volunteer fire companies, ambulance and rescue squads, recognized as tax-exempt by the Internal Revenue Service under Section 501c(4).
- Gifts to publicly and privately funded schools, colleges and universities will be matched if they are accredited by a nationally-recognized accrediting agency or a state department of education. Tuition payments are not eligible.
- Alumni funds, foundations and associations may be eligible if the schools they represent are eligible.
- Fraternities, sororities, scholarship funds, and social or athletic clubs are eligible if the gifts do not personally benefit any specific predetermined individual.
- Hospitals must be tax-exempt, not-for-profit public or voluntary institutions accredited by the Joint Commission on Accreditation of Hospitals.
- Arts and cultural organizations must be open to and operated for the benefit of the general public.

What Organizations are NOT Eligible?

- Political organizations, such as election campaign funds or committees.
- Religious organizations, such as churches or synagogues.
- United Way chapters.

What Requests are NOT Eligible?

- All payments other than outright gifts are ineligible for the program (for example, tickets, subscription fees, pledges, insurance premiums, testament bequests, gifts from a group of people, and tuition payments or the equivalent). In addition, gifts made through payroll deductions, or other forms of automatic fund transfers, do not qualify.

What are the Program Guidelines?

- There is a minimum of \$25 per individual gift.
- The Program will match eligible donations up to \$25,000 per donor, per calendar year. This may be given in a single gift or in gifts cumulatively totaling \$25,000.
- All eligible donations will be matched on a one-for-one basis.
- All dollar limits are based on the date of the donor's gift, not the date the matching gift is processed.
- All matching gift requests must be received by Altria Group, Inc. within one year from the date of the gift.
- When multiple payments are given throughout the year to the same organization, each individual payment must meet all gift conditions.
- Donors' contributions must be personal gifts that are actually paid, not merely pledged.
- Gifts may be given in the form of checks, credit cards, or negotiable stocks. The value of the matching gift for stocks will be determined by the average price of the stock on the date of the gift.

Terms and Conditions

- Altria Group, Inc. reserves the right to discontinue or amend this program at any time, and also reserves the right to determine whether a contribution qualifies for a matching gift. The company reserves the right to audit institutional records and documents pertaining to this program and to request any supporting donor documentation it considers necessary.
- Misuse of this program will result in permanent termination of the employee's matching gift privileges and may lead to other disciplinary actions.

How Do You Apply?

- To apply on-line, please log on to our website at www.easymatch.com/altria, or
- After reviewing the program guidelines, donors should complete Part A of this form. Ensure the form is completed and signed (incomplete forms delay processing), then send this form and your donation to the eligible institution.
- An appropriate financial officer of the institution should review the program guidelines, Part A, and complete Part B. The entire form, along with any required materials, should then be mailed to:
Altria Employee Involvement Programs
P.O. Box 7099
Princeton, New Jersey 08543-7099
Phone: (866) 545-9203
Fax: (609) 799-8019
E-mail: Altria@easymatch.com

All processing is done on a quarterly basis. After verifying eligibility, the form will be processed and a check will be sent directly to the organization at the end of that payment cycle.

Completed Forms Received:

October 16 — January 15
January 16 — April 15
April 16 — July 15
July 16 — October 15

Funds Distributed:

February
May
August
November

MATCHING GIFTS PROGRAM

Part A: To be completed by donor

FIRST NAME _____ LAST NAME _____

EMPLOYEE BOARD MEMBER

— —

SOCIAL SECURITY NUMBER (LAST FIVE DIGITS ONLY)

NAME OF ORGANIZATION RECEIVING GIFT _____

ORGANIZATION'S CITY/STATE/ZIP _____

\$, .00

AMOUNT OF GIFT (MINIMUM \$25)

HOME ADDRESS _____ CHECK IF NEW ADDRESS

CITY/STATE/ZIP CODE _____

COMPANY NAME/DIVISION _____

TITLE _____

COMPANY LOCATION _____

DAYTIME PHONE NUMBER _____

BUSINESS E-MAIL ADDRESS _____

PERSONAL E-MAIL ADDRESS _____

EXACT DATE OF GIFT _____ MONTH _____ DAY _____ YEAR _____

CHECK CREDIT CARD SECURITIES: _____ # SHARES _____

NAME OF STOCK _____

EMPLOYEE CERTIFICATION:
 I certify that the information submitted is correct and that this contribution qualifies as a tax-deductible gift, is not a pledge, group gift or tuition payment, and complies with all the specifications as described on this form. Neither I nor any member of my family will derive any direct or indirect financial benefit from this contribution and it does not represent payment for service. I am currently a member of The Board of Directors or an eligible employee of Altria Group, Inc. or any of its domestic subsidiaries.

Misuse of this program will result in permanent termination of your matching gift privileges and may lead to other disciplinary actions.

SIGNATURE OF DONOR _____ DATE _____

Part B: To be completed by recipient institution

1. Verify donor section. Fill out Part B completely. 2. If you have never received an Altria Group, Inc. matching gift, you must include the following documentation: Copy of your IRS 501(c)(3) letter and mission statement. Failure to include this information will delay processing. Altria Group, Inc. reserves the right to request an organization's audited financial statements or any other documentation before matching any gift.

I certify that the amount of \$ _____ was received on _____ (date) and that this institution meets the eligibility requirements of the Altria Group, Inc. Matching Gifts Program, and that neither the donor nor Altria Group, Inc. will derive any personal material benefit from this gift or match. Additionally, I certify that, to the best of my knowledge, this organization does not advocate or support policies, or practice activities that discriminate on the basis of an individual's race, religion, color, age, sex, disability, national origin, sexual orientation, marital status, citizenship status, protected veteran status or status in any group protected by state or local law.

I also certify that the applicant organization shall not employ or deal with any entities or individuals known to the applicant organization to support terrorism or to appear on any of the following lists:

- The U.S. Department of the Treasury, Office of Foreign Assets Control, Specially Designated Nationals List;
- The U.S. Department of Justice Terrorist Exclusion List;
- The United Nations List promulgated by the UN Security Council Resolutions 1267 and 1390; and
- The List promulgated by the European Union pursuant to EU Regulation 2580.

SIGNATURE OF FINANCIAL OFFICER (NOT A STAMP) _____ DATE _____

PHONE _____ FAX _____

PRINT OR TYPE FULL NAME AND TITLE OF FINANCIAL OFFICER _____

E-MAIL _____

INSTITUTION NAME _____

WEBSITE _____

ADDRESS _____ ROOM/BUILDING _____

EIN # _____

CITY/STATE/ZIP _____

Mail the completed form (and if appropriate, the necessary documentation) to:
 Altria Employee Involvement Programs,
 P.O. Box 7099, Princeton, New Jersey 08543-7099

IF A SCHOOL, LIST ACCREDITING AGENCY OR STATE DEPARTMENT _____