



P.O. Box 7109
Princeton, NJ 08543-7109

866 632-1412
www.easymatch.com/altria



Matching Gifts Request Form

Part A: To be completed by donor

FIRST/LAST NAME

NAME OF ORGANIZATION RECEIVING GIFT

ORGANIZATION'S CITY/STATE/ZIP CODE

EMPLOYEE PERSONNEL NUMBER

Please include any leading zeros. Your personnel number can be found by accessing My Info/My Staff through the Human Resources section of your company's intranet or on the stub of your payroll check in the box marked Employee ID. **SMWE employees should place the letter "U" in the first employee personnel number box.**

Required: Purpose or designation of your donation

\$, .00

AMOUNT OF GIFT (MINIMUM \$25)

HOME ADDRESS CHECK IF NEW ADDRESS

EXACT DATE OF GIFT (MONTH/DAY/YEAR)

CITY/STATE/ZIP CODE

CHECK CREDIT CARD SECURITIES

DEPARTMENT NAME

_____ # SHARES

BUSINESS E-MAIL ADDRESS

NAME OF COMPANY STOCK

PERSONAL E-MAIL ADDRESS

DAYTIME PHONE NUMBER

EMPLOYEE CERTIFICATION:

- I am currently a member of the Altria Group Board of Directors or an eligible employee of the Altria family of companies.
- The information submitted is correct and my gift qualifies as a tax-deductible gift to a tax-exempt public charity recognized by the Internal Revenue Service under Section 501(c)(3) of the Internal Revenue Code.
- My gift has been paid and is personal contribution and is not a future pledge.
- This is my personal individual gift and has not been pooled with funds belonging to others.
- Neither I nor my family will derive any direct or indirect financial or material benefit from this gift.
- My gift does not represent payment for service and/or goods received.
- Are you affiliated with the recipient organization? No Yes (If yes select all that apply)
 - Board Member Officer Staff Member Volunteer Other (Please specify: _____)
- Personal Affiliations:

Are you related to any board members, officers, staff members, or volunteers of this organization? No Yes (If yes select all that apply)

 - Sibling Spouse Significant Other Other (Please specify: _____)
- I understand that misuse of the Altria Matching Gifts Program will result in permanent revocation of my matching gifts privileges and may lead to other disciplinary actions, including termination.
- I have read and understand the **Altria Matching Gifts Program Guidelines**, and I accept the terms and conditions.

SIGNATURE OF DONOR _____ DATE _____

Print this form and sign here.

Mail or give this completed form along with "Part B" to the recipient organization.



Matching Gifts Request Form

Part B: To be completed by recipient institution

1. Verify donor section. Fill out Part B completely. **2.** If you have not previously submitted documentation in connection with an Altria matching gift, you must include the following: Copy of your IRS 501(c)(3) letter and mission statement. Failure to include this information will delay or preclude processing. Altria Group reserves the right to request an organization's audited financial statements or any other documentation before matching any gift.

RECIPIENT ORGANIZATION CERTIFICATION:

- I certify that the amount of _____ was received on _____ (date)
- Neither the donor nor Altria or any of its companies will derive any direct or indirect financial or material benefit from this gift or match.
- 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.
- This gift does not represent payment for service.
- I have read and understand the Altria Matching Gifts Program Guidelines, and I submit this request in accordance with them.
- I also certify that the organization will not employ or deal with any entities or individuals known to the 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 DATE
(NOT A STAMP)

PHONE FAX

PRINT OR TYPE FULL NAME AND
TITLE OF FINANCIAL OFFICER

E-MAIL ADDRESS

ORGANIZATION NAME

WEBSITE

ADDRESS ROOM/BUILDING

EIN #

DEPARTMENT NAME

Mail the completed form along with "Part B" (and, if appropriate, the necessary documentation) to:

Altria Matching Gifts Program
P.O. Box 7109
Princeton, NJ 08543-7109

CITY/STATE/ZIP CODE

IF A SCHOOL, LIST ACCREDITING AGENCY
OR STATE DEPARTMENT

Matching Gifts Request Form

Matching Gift Guidelines

Who is Eligible?

- Altria Group Board of Directors or regular full-time actively working employees of the Altria family of companies and those who are on short-term disability or Family Medical Leave (FML) are eligible.

Who is NOT Eligible?

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

What Organizations are Eligible?

- Organizations and institutions must be located in the United States (including Puerto Rico), willing to accept funding from a tobacco company. Must be recognized as a tax-exempt public charity by the Internal Revenue Service under Section 501(c)(3) of the Internal Revenue Code with a ruling year at least one year prior to date of gift.

- Gifts to publicly and privately funded schools, colleges, and universities will be matched if they are accredited by a nationally recognized accrediting agency and licensed by the state or governing jurisdiction. Tuition payments are not eligible.

- Volunteer fire companies, ambulance and rescue squads, recognized as tax exempt by the Internal Revenue Service under Section 501(c)(3) or 501(c)(4).

- Alumni funds, foundations, associations, fraternities, sororities, scholarships funds, and social or athletic clubs that are recognized as Section 501(c)(3) organizations may be eligible if:

- The schools they represent are eligible.
- The gifts do not personally benefit any specific predetermined individual.

- Hospitals must be tax-exempt, not for-profit institutions that are public and voluntary and are accredited by the Joint Commission on Accreditation of Healthcare Organizations.

- Arts and cultural organizations must be open to and operated for the benefit of the general public.

- United Way chapters are not eligible, but individual member organizations are eligible.

What Organizations and Gifts are NOT Eligible?

- Organizations with a tax-exempt status of 501(c)(3) for less than one year.
- Political organizations, such as election campaign funds or committees.
- Religious organizations, such as churches or synagogues, unless their outreach programs are offered to the general population and they have established a separate 501(c)(3) organization to operate the programs.
- Section 501(c)(3) organizations that have ties to terrorist activities or discriminate on the basis of race, gender, sexual orientation, disability or national origins.
- Some non-profit organizations which otherwise meet Altria's eligibility criteria may have policies in place which prohibit them from accepting money from tobacco companies.
- United Way chapters.
- Gifts that personally benefit any specific pre-determined individual.
- Gifts to private foundations, private operating foundations or donor-advised funds (such as the Fidelity Charitable Gift Fund and Vanguard Charitable Endowment Program and Community Foundations).

What are the Program Guidelines?

- There is a minimum of \$25 per individual gift.
- The Program will match eligible donations up to \$30,000 per donor, per calendar year. This may be given in a single gift or in gifts cumulatively totaling \$30,000.
- An individual gift where a personal affiliation exists between the employee and a significant other or family member at the recipient organization may require proof of payment. (Acceptable proofs of payment: cancelled check, credit card statement, or securities transaction)
- 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's program administrator within 90 days 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 reserves the right, without prior notice, to discontinue or amend this program at any time, and also reserves the right to refuse a gift to an organization without explanation. The company reserves the right to audit organization records and documents pertaining to this program and to request any supporting donor documentation it considers necessary.

- Organizations receiving individual gifts of \$1,000 or greater may be required to submit additional supporting organization financial documentation.

- Misuse of the Altria Matching Gifts Program will result in permanent revocation of the employee's matching gift privileges and may lead to other disciplinary actions, including termination.

How Do You Apply?

- Apply on line or download forms and program guidelines from our website at

www.easymatch.com/altria

- If using hard copy forms, after reviewing the program guidelines, donors should complete Part A of this form. Ensure the form is completed and signed (incomplete forms delay processing), and 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 Matching Gifts Program
P.O. Box 7109
Princeton, NJ 08543-7109

- 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.