

Amgen Foundation Matching Gift Program Guidelines

Purpose

The Matching Gift Program of the Amgen Foundation is Amgen's way of encouraging employees to do what they can for charitable institutions. These organizations play a very special role in our society and Amgen, through the Amgen Foundation, is encouraging its employees to support these institutions.

Program Description

Gifts from individuals ranging from \$50 up to a yearly total of \$20,000 will be matched by the Amgen Foundation according to the Matching Gifts policies at the time of the donor's gift.

Eligible Individuals

Regular, active, full-time employees of Amgen Inc., in California, Colorado, Kentucky, Massachusetts, Rhode Island, Washington, and Amgen Manufacturing, Ltd, as well as members of the Board of Directors of Amgen Inc. are eligible to participate.

Contributions

The contributions must be a personal gift from the eligible donor. It cannot include resources from other people or institutions. It must not be payment for which reimbursement of any kind is made by another individual or organization. It must be paid, not merely pledged, and may be a payment by cash, check, money order or Amgen stock. All gifts made by Amgen stock or credit card are subject to transaction verification which takes additional processing time.

Eligible Recipient Organizations

The contributions guidelines for the Amgen Foundation apply to the Matching Gifts Program.

The Amgen Foundation, Inc. will consider grant requests from nonprofit organizations that are recognized by the Internal Revenue Service as tax exempt public charities under sections 501(c)(3) and 509(a)(1), (2), (3) of the Internal Revenue Code, located in the United States and Puerto Rico. In addition, the Amgen Foundation will consider requests for funding from governmental organizations located in the United States where the purpose of the grant is to support a charitable, educational, scientific or literary purpose. Thus, eligible grantees may include public elementary and secondary schools, as well as public colleges and universities, public libraries and public hospitals. Successful requests will fall within both the current eligibility guidelines and funding priority areas established by the Amgen Foundation.

The Amgen Foundation will not consider requests for:

- Support to individuals
- Fundraising or sports-related events
- Corporate sponsorship requests
- Organizations whose core mission is to advance religion or religious belief
- Political organizations or lobbying activity
- Labor unions; fraternal, service or veterans' organizations
- International organizations
- Private foundations
- Organizations not described in sections 501(c)(3) or 509(a)(1), (2), (3) of the Internal Revenue Code

In addition, organizations that discriminate based on the basis of race, color, creed, sex, national origin, sexual orientation, veteran or disability statuses are ineligible.

Additional Information

For additional information please write or call:

Amgen Foundation
One Amgen Center Drive
M/S 38-3-B
Thousand Oaks, CA 91320-1799
(805) 447-4056

Administrative Guidelines and Conditions

- The minimum gift that will be matched by the Foundation is \$50 up to a total of \$20,000 annually per employee.
- All Matching Gift forms must be received by the Foundation no later than 90 days after the donor's date of gift.
- The recipient organizations must cash the matching check within 120 days after the issuance date of the check.
- The Foundation reserves the right to determine whether any gift shall be matched.
- The Foundation may change, revoke, suspend or terminate this program at any time.
- The donor and recipient organization must completely fill in the attached form.
- Incomplete forms will be returned.
- After completing Part A, send the original form with the contribution to the recipient organization.
- The financial officer of the recipient organization completes Part B and sends the completed original form to the Amgen Foundation with a copy of the 501(c)(3) or 509(a)(1), (2), (3) IRS determination letter attached.

Matching Gift, Part A – To Be Completed by Amgen Staff Donor

Please fill out Part A and mail the original form to the organization to which you are donating for completion, with your check. (Please print, type or use Adobe Acrobat to enter information.)

Donor Information

Employee Name _____ Amgen Staff ID# _____ Home Phone _____
Home Address _____ Work Phone _____
City _____ State _____ Zip _____ Work Location _____ Check _____ Credit Card _____ Stock _____
Amgen Stock—# of Shares _____

Nonprofit Organization Receiving Gift

Organization Name _____ Exact Date of Gift (MM/DD/YYYY) _____
Address _____ Amount of Gift _____
City _____ State _____ Zip _____ Matching Portion (if Different) _____

Certification: I certify that my gift is a voluntary contribution made from my own resources and not from gifts or loans of any other person or organization. My gift does not represent in any way tuition, or payment in exchange for, or in expectation of, some monetary or other benefit to be given to me, or to any person or organization named by me. In addition, my gift should not be used for a religious or political commitment.

Signature _____ Date _____

Matching Gift, Part B – To Be Completed by Recipient Organization

Please send the original completed form and a copy of the IRS 501(c)(3) or 509(a)(1), (2), (3) determination letter to the address below. The Amgen Foundation will not consider this request unless the nine (9) digit tax ID number is provided. (Please print or type.)

Certification: I certify receipt of the gift described in Part A on behalf of the named recipient in the amount of \$ _____ on _____, 20____ and certify that gifts to this institution/organization are tax deductible under Section 501 (c)(3) or 509(a)(1), (2), (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 or organization named by the donor. In addition, this gift will not be used for religious or political purposes, not to fulfill a religious or political commitment.

Contact Person's Name _____ Tax ID# _____
Title _____ Phone _____
Organization Name _____
Address _____
City _____ State _____ Zip _____

Return form to:

**Amgen Foundation
One Amgen Center Drive
M/S 38-3-B
Thousand Oaks, CA 91320-1799
(805) 447-4056**

Signature _____ Date _____

Signature of Duly Authorized Representative of Recipient Organization
(Forms Without Signatures and IRS Letters Attached Will Be Returned)