

# Amylin Pharmaceuticals Matching Gift Application

	DONOR FILLS IN THIS SECTION	
<p><b>PLEASE TYPE OR PRINT IN BLUE INK</b></p> <p>1. Fill in this section</p> <p>2. Assure form is <b>completed</b> and <b>signed</b></p> <p>3. Send form with your gift to the organization</p> <p>The donor's signature authorizes the recipient organization to report this gift to The San Diego Community Foundation to apply for a Matching Gift</p> <p>The countersignature by the authorized officer of the organization confirms receipt of the described gift</p>	<p>Name of Donor _____</p> <p>Home Address _____ Date of Hire _____</p> <p>City/State/ZIP _____ Daytime Telephone Number _____</p> <p>Corporate E-mail Address _____</p> <p>Name of Organization Receiving Gift (If donating to a religious organization, grants must be designated for community outreach programs as described on the back of this form) _____ Date of Gift _____</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">\$ .00</div> <p style="text-align: center;"><b>Amount of Gift (Minimum of \$250)</b></p> <p>____ Cash/Check ____ Credit Card          ____ Securities ____ Shares of _____</p> <p>Program Designation (if any) _____</p> <p>City/State _____ Name of Securities _____</p>	<p><b>RETURN ADDRESS</b></p> <p><b>Amylin Pharmaceuticals</b>              Attn: Jennifer Martinez              9360 Towne Centre Drive              San Diego, CA 92121              Tel (858) 642-7092              Fax (858) 334-1786              Jennifer.martinez@amylin.com</p> <p><b>CHECKLIST</b></p> <ul style="list-style-type: none"> <li>✓ Form is signed?</li> <li>✓ Gift is \$250 or more?</li> <li>✓ Gift date entered?</li> <li>✓ Org. name entered?</li> <li>✓ Clearly printed?</li> <li>✓ Have guidelines listed on back been reviewed?</li> </ul>

I hereby certify that the above donation is entirely my personal contribution, and that it is not in whole or in part the gift of another individual, the sum of the gifts of other individuals, or the gift of any group or organization. I also certify that this gift is solely for the use of the organization named and that neither I, nor any member of my family, nor any related third party, will receive any direct or tangible benefit from this gift. I also certify that I've read and complied with the program guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

	RECIPIENT ORGANIZATION FILLS IN THIS SECTION	
<p>1. Verify Donor Section</p> <p>2. Complete this section</p> <p>3. Return form to address shown at top right</p> <p>4. If first request, see box at right</p>	<p>_____ Print Name of Officer Authorized to Sign</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">\$ .00</div> <p style="text-align: center;">Amount of Donor's Gift</p> <p>_____ Title</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">\$ .00</div> <p style="text-align: center;"><b>Tax Deductible Portion of Gift</b></p> <p>_____ Organization Address</p> <p>_____ Organization Telephone Number</p> <p>_____ City/State/Zip</p> <p>_____ Employer Identification Number</p> <p>_____ Website Address:</p>	<p><b>FIRST REQUEST</b></p> <p>If an organization has not previously participated in the Amylin Pharmaceuticals Matching Gifts Program, please include the following</p> <ul style="list-style-type: none"> <li>➤ Copy of your 501(c) (3) Federal Tax Exempt letter from the IRS</li> <li>➤ Mission Statement</li> </ul>

I confirm the above gift was received and this organization is tax exempt under section 501(c)(3) of the U.S. Internal Revenue Code. I further confirm that no direct, tangible benefit will accrue to the donor, to any member of their family, nor to any related third party as a result of this gift and it will be used to support the charitable objectives of the organization.

\_\_\_\_\_  
Signature of Authorized Officer  
(stamp signature is not accepted)

\_\_\_\_\_  
Date