

# **Educational Matching Gift Program**



**ArcBest Corporation  
and Wholly Owned Subsidiaries**

# ARCBEST CORPORATION EDUCATIONAL MATCHING GIFT PROGRAM

## Application Form/Instructions (Facsimile Signatures Not Accepted)

**GIVER:**

- (1) Read this brochure to determine program requirements.
- (2) Complete PART ONE of Application Form.
- (3) Forward complete brochure with completed PART ONE to Recipient Organization.

**RECIPIENT ORGANIZATION:**

- (1) Read this brochure to determine program requirements.
- (2) Complete PART TWO.
- (3) Detach and mail PART ONE and PART TWO, along with required attachments, to:

**Michael R. Johns, Administrator**  
**ArcBest Corporation**  
**Educational Matching Gift Program**  
**P. O Box 10048**  
**Fort Smith, AR 72917-0048**

### PART ONE To be completed by the Giver

NAME (First, Middle Initial, Last)

COMPANY EMPLOYED BY

SENIORITY DATE

HOME ADDRESS (Street, City, State, Zip Code)

BUSINESS ADDRESS (Street, City, State, Zip Code)

BUSINESS PHONE

(   )

RECIPIENT ORGANIZATION

RECIPIENT'S ADDRESS (Street, City, State, Zip Code)

AMOUNT OF GIFT

AMOUNT OF GIFT (Write Out)

DATE OF GIFT

\$

DOLLARS

TYPE OF GIFT

IF GIFT IS SECURITIES, INDICATE COMPANY

 CASH/CHECK

 PUBLICLY TRADED SECURITIES

NUMBER OF SHARES

PER SHARE VALUE ON DATE OF GIFT

TYPE OF SECURITY

### CERTIFICATION OF GIVER

I hereby certify that the information submitted by me and set forth above is correct and that my gift is an Eligible Gift under, and otherwise fully complies with, the terms and conditions of the ArcBest Corporation Educational Matching Gift Program set forth in this brochure. I further certify that neither I, any member of my family, nor any individual designated by me has received or will receive a benefit or gift of more than nominal monetary value as the result of the gift described above or ArcBest Corporation's matching of such gift. **No part of this contribution was donated to an athletic program, including athletic scholarships.**

 \_\_\_\_\_  
 GIVER'S SIGNATURE

 \_\_\_\_\_  
 DATE SIGNED

### PART TWO To be completed by the Recipient Organization

NAME OF RECIPIENT ORGANIZATION

RECIPIENT'S ADDRESS (Street, City, State, Zip Code)

PHONE NUMBER

(   )

### CERTIFICATION OF RECIPIENT ORGANIZATION

I hereby certify that the gift described in Part One above was received and that this organization is an Eligible Recipient under the guidelines outlined in ArcBest Corporation's Educational Matching Gift Program brochure. I further certify that this contribution does not represent a payment directly or indirectly for: services; tuition, or expenses related to the education of the Giver, any member of the Giver's family or any individual designated by the Giver. **No part of this contribution was applied to an athletics program, including athletic scholarships.**

 \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED OFFICER

 \_\_\_\_\_  
 TITLE

 \_\_\_\_\_  
 DATE SIGNED

*(Not a Stamp)*

**REQUIRED ATTACHMENTS:** (1) IRS 501 (c)(3) determination letter; (2) Institution's Brochure (3) Proof of affiliation with a National Educational Association

# ArcBest Corporation Educational Matching Gift Program

The ArcBest Corporation Educational Matching Gift Program has two objectives: It encourages employees to assist the educational institutions of their choice; and it is the principal mechanism by which ArcBest gives financial support to these institutions. ArcBest will match, on a dollar-for-dollar basis, financial gifts made by Eligible Givers to Eligible Recipients according to the terms outlined below. **Contributions to athletic programs, including athletic scholarships are not eligible for matching gifts.**

## ELIGIBLE GIVERS

All regular full-time non-contractual employees of ArcBest and its wholly owned subsidiaries who, prior to making an Eligible Gift, have at least one continuous year of employment with ArcBest and/or its subsidiaries. All members of ArcBest's Board of Directors are also eligible.

## ELIGIBLE RECIPIENTS

Organizations eligible to receive the matching contributions from ArcBest are as follows:

### *Educational Institutions:*

Any educational institution in the United States (primary, secondary, two- or four-year college or university) which (i) is accredited by or is affiliated with a national educational association and (ii) is non-profit and recognized by the Internal Revenue Service of the U.S. Treasury Department as an organization to which ArcBest's contributions are tax-deductible.

### *Educational Funds:*

Gifts made to national or statewide united funds for support of Eligible Educational Institutions and to funds providing scholarships for attendance at Eligible Educational Institutions if the recipient fund is approved by the Program Administrator.

## ELIGIBLE GIFTS

The gift must be the personal gift of the Eligible Giver. It must be paid in cash, check or securities having a quoted market value. The value of securities will be the closing market value on the date of the gift or the last preceding day when such a quoted market sale was made.

The gift must be paid, not merely pledged, directly to an Eligible Recipient. The gift must be exclusively for educational purposes, which would include scholarships, operating expenses, purchase of equipment and construction or improvement of eligible educational institutions.

If the Eligible Giver, any family member, or any individual designated by the Eligible Giver has received or will receive a benefit or gift of other than nominal monetary value as a result of the Eligible Giver's gift or the Company's matching of such gift, the Eligible Giver's gift will not constitute an Eligible Gift and will not be matched.

## COMPANY MATCH

During each calendar year, ArcBest will match up to an aggregate of \$5,000 of Eligible Gifts made during that calendar year by an Eligible Giver. No Eligible Gift will be matched until it equals at least \$100 for the calendar year.

Each Eligible Giver may divide his/her Eligible Gifts among any number of Eligible Recipients in any calendar year.

## PROCEDURE

The Eligible Giver and the Eligible Recipient will fill out the forms on the next page according to the instructions and submit Parts One and Two to the Program Administrator. ArcBest will not match a gift unless all required documentation is received on or before March 1 of the calendar year following the calendar year in which the gift was made.

When all forms pertaining to a specific gift have been received and the gift has been approved, the Program Administrator will mail directly to the Eligible Recipient a check in the currency of the country in which the Eligible Recipient is located. At the same time, the Program Administrator will notify the Eligible Giver that the check is being sent.

## PROGRAM POLICY

The interpretation, application and administration of the ArcBest Educational Matching Gift Program shall be determined by the Program Administrator. The Program Administrator's decision whether or not to match any gift, for whatever reason, shall be final.

## PROGRAM MODIFICATION, TERMINATION

ArcBest may suspend, revoke or terminate the ArcBest Educational Matching Gift Program at any time. No Eligible Giver or other person or any Eligible Recipient will acquire any rights against ArcBest by reason of ArcBest's failure to make a matching gift, the supervision, change or termination of the ArcBest Educational Matching Gift Program, or otherwise.

## PUBLIC RECOGNITION

ArcBest requests that its Matching Gift be publicly recognized by the Recipient through the Recipient's normal methods.



**ArcBest Corporation**  
**Educational Matching Gift Program**