

Application for Matching Gifts to Higher Education

Part I – Employee
Complete Part I and mail form to recipient organization

Name of Recipient Institution _____ City _____ State _____

Employee _____ Div / Bus Unit _____ Site Location _____

Employee Home Address _____ Town _____ State _____ Zip code _____

Enclosed is my personal gift of \$ _____ in cash, or _____ Description of securities
(Market Value of \$ _____ on _____ Date _____)

This gift is: _____ Unrestricted _____ to be used for: _____ Description _____

This gift will be matched by BASF Corporation if made to an eligible institution or associated fund as outlined in BASF Corporation's Matching Gifts to Higher Education Program. An employee's contribution must be a personal, tax-deductible gift made directly to the institution or one of its qualified receiving organizations. Alumni dues, class dues, alumni publications, subscriptions and similar items do not qualify.

Employee Signature _____ Date _____

Part II – Recipient
Complete Part II and mail application to BASF Corporation

Eligibility:
This institution is a fully accredited graduate school, four-year college or university, or a junior college located within the 50 United States or one of its possessions; recognized by the Internal Revenue Service as a tax-exempt educational institution, contributions to which are deductible under the Internal Revenue Code; listed as an accredited institution in the latest edition of the HEP Higher Education Directory. The Program will not match contributions to secondary schools, libraries, museums, hospitals, educational television/radio stations or proprietary (profit making) schools.

Name of Institution _____

Street _____ City _____ State _____ Zip code _____

Name of Certifying Officer _____ Title _____

Telephone Number _____ Fax Number _____ E-mail Address _____

This gift was received from _____ on _____
Employee Name _____ Date _____

As an authorized officer of this institution, I confirm receipt of \$ _____. The tax-deductible amount of this gift is \$ _____
This gift meets the BASF eligibility guidelines stated above.

Signature _____ Date _____

Mail completed form to: Matching Gift Program Administrator
BASF Corporation
333 Mt. Hope Avenue
Rockaway, NJ 07866