



## 2009 COMMUNITY PARTNERSHIP INDIVIDUAL GIFT MATCHING PROGRAM

**The Community Partnership Gift Matching Program recognizes and encourages the involvement of The Bank of New York Mellon employees in their communities.**

### Donor Eligibility

Donors must be active, full- or part-time employees of The Bank of New York Mellon or one of its wholly-owned subsidiaries. Donors must be eligible to receive The Bank of New York Mellon benefits.

### Recipient Eligibility

Recipient organizations must fall within one of the following categories:

#### **Elementary and Secondary Schools**

Any private or public elementary or secondary school located within the United States, which awards diplomas recognized by a state department of education, and which is accredited by the appropriate national or regional accrediting association or by a state department of education.

#### **Higher Education**

Any private or public junior or four year college or university and/or graduate school, which is a degree granting institution, accredited by a nationally recognized accrediting association, a state department of education, or a state university and is located within the United States.

#### **Literacy**

Literacy organizations will be considered as matching gift recipients if the promotion or delivery of literacy services is the sole function of the organization.

#### **Cultural Organizations**

Eligible cultural organizations include performing arts organizations (dance, music, and theater), museums, historical societies, arts funds or councils, cultural centers, libraries, public radio and television stations, parks, zoos, botanical gardens and conservancies.

*All recipient organizations* must be recognized by the Internal Revenue Service as organizations to which tax-deductible contributions may be made and must have an IRS designation of 501(c)(3), or be recognized as tax-deductible under Section 170(c) of the Internal Revenue Code.

### The Employee's Gift

A personal gift, in the form of cash, check, credit or debit card, or securities, must be paid, not merely pledged, to an eligible organization. The gift must be from the personal funds of the employee and not include any monies provided by other individuals or organizations.

The market value of a gift of securities will be determined by the closing price on the day the gift was made. If no sale occurred on the gift date, the assigned market value will reflect the most recently published closing price preceding the date of the gift.

### Match Parameters

The Community Partnership program matches employee donations to eligible Arts & Education organizations through the Individual Gift Matching Program on a \$.50 to \$1.00 basis in 2009 for a maximum company match of \$4,000. The minimum employee gift eligible for matching is \$50. Gifts matched through the Global Giving Campaign dollar for dollar reduce the maximum company match available through the Individual Gift Matching Program.

### Community Partnership Program

**will not match:** Payments made for services, tuition, dues, subscriptions, preferential seating, insurance premiums, athletic programs, tickets or scholarships; clubs and groups such as membership associations, sororities and fraternities; boosters and athletic clubs; or any contribution not made as a direct contribution to an eligible organization.

### How the program works

*Donors* fill out Section A on the other side of this form and send the *entire form* to the recipient organization with their personal donation.

*Recipient organizations* certify receipt of the employee's gift by signing Section B and returning the *entire form* to The Bank of New York Mellon.

Incomplete matching gift forms or forms submitted for gifts that are ineligible for matching will be returned to the employee. The employee is responsible for notifying the organization that a matching gift request has been declined.

*The Bank of New York Mellon recognizes the worthiness of the many fine organizations to which employees make charitable contributions. However, only those organizations that meet requirements as set forth in this form are eligible to receive matching gifts. The Bank of New York Mellon reserves the right to suspend, amend or terminate this program at any time. The interpretation and implementation of this program shall be determined by The Bank of New York Mellon and all decisions will be final. This program supersedes any previous matching gift programs of The Bank of New York Mellon and its subsidiary entities.*



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**SECTION A To be completed by Donor**

I hereby authorize the following institution/organization to report to the Community Partnership Gift Matching Program the total amount of my gift as presented below.

Donor Name (*Employee name, please print*) \_\_\_\_\_ Office Telephone Number \_\_\_\_\_ Internal Office Address \_\_\_\_\_

Full Legal Name of Recipient Organization: \_\_\_\_\_

Address of Recipient Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Organization: \_\_\_\_\_  
 Elementary/Secondary Education Higher Education Literacy Arts/Culture

Amount of Gift: \_\_\_\_\_ Date of Gift: (*This date will be used in determining annual match limits.*) \_\_\_\_\_  
 \_\_\_\_\_ Cash/Check/Credit/Debit  
 Name of Security: \_\_\_\_\_ Number of Shares: \_\_\_\_\_ Date of Quote: \_\_\_\_\_ Quoted Market Value: \_\_\_\_\_  
 \_\_\_\_\_ Securities \_\_\_\_\_

Donor Signature: **(required)** \_\_\_\_\_

My signature certifies that I meet donor eligibility for this program. I certify that I have reviewed the guidelines set forth and believe that this gift meets the criteria of the program. Furthermore, I certify that this gift does not in any way represent tuition or payment in exchange for or in expectation of monetary or other benefits, fees, or services to be given to me or any person or organization affiliated with me.

**SECTION B To be completed by Recipient Organization**

I hereby certify the gift described on this form was received on the date noted below and that it qualifies for a matching contribution under provisions of the Community Partnership Gift Matching Program. In signing this form, I certify that no goods or services have been or will be provided as a result of my organization's receipt of a matching contribution. I certify that this gift is a voluntary contribution from the donor, and does not in any way represent tuition or payment in exchange for or in expectation of monetary or other benefits, fees, or services to be given to the donor or any person or organization affiliated with the donor or, to the best of my knowledge, does not represent a donation made by another individual or by a group of individuals either independently or through the donor. I further certify that none of these funds will be used to support or provide resources to any individual or entity, or anyone who acts as an agent for such an individual or entity, that advocates, plans, sponsors, engages in, or has engaged in terrorist activity.

Name of Recipient Organization: \_\_\_\_\_ Date Gift Received: \_\_\_\_\_

Is the mailing address above accurate? If not, please correct: \_\_\_\_\_

Signature **(required)** \_\_\_\_\_ Print Name \_\_\_\_\_ Telephone Number/FAX Number \_\_\_\_\_

**Return completed form** to Community Partnership Gift Matching Program,  
 The Bank of New York Mellon, One Mellon Center, Suite 1830, Pittsburgh, PA 15258-0001  
 Questions? E-mail Doreen Tumminello at [doreen.tumminello@bnymellon.com](mailto:doreen.tumminello@bnymellon.com) or call (412) 234-2732