



## The Bristol-Myers Squibb Foundation Matching Gift Program

The Matching Gift Program of the Bristol-Myers Squibb Foundation, Inc., encourages all eligible U.S. Bristol-Myers Squibb retirees to contribute financial support to eligible U.S. charitable organizations of their choice. All contributions will be matched by the Bristol-Myers Squibb Foundation, Inc., on a dollar-for-dollar basis, subject to the limitations listed below.

### ELIGIBLE DONORS

- Retired employees of the company (persons who retired from Bristol-Myers Squibb or a participating subsidiary under the company's retirement plan) based in the U.S.
- Retired members of the Board of Directors of Bristol-Myers Squibb Company.
- Special Benefit Participants

### Matching

- Minimum individual gift is US\$25
- Maximum gift per retiree per year is US\$5,000
- Matching will be processed on approximately a quarterly basis
- The gift matching "program year" is January through December 31

COMPLETED FORMS RECEIVED BY:            March 1    June 1    Sept. 1    Dec. 1

WILL BE PROCESSED APPROXIMATELY BY: March 31    June 30    Sept. 30    Dec. 31

- Gifts must be personal contributions actually paid, not merely pledged, and may be made by check, credit card or in securities having a quoted fair market value.
- The donor's limit is based on the date of the gift.

### Administration

- Bristol-Myers Squibb Foundation, Inc., may terminate this program at any time.
- The interpretation, application and administration of the Matching Gift Program shall be determined by the Bristol-Myers Squibb Foundation, Inc., and its decision is final.
- In all cases, the Bristol-Myers Squibb Foundation's matching gift will be made directly to the eligible charitable organization.
- Form must be submitted within 6 months of the date of the gift. After 6 months, the gift is no longer eligible for matching.

▪ Questions can be addressed by calling toll free: 1-877-698-5961 or by email: [bms@easymatch.com](mailto:bms@easymatch.com), or Fax: 1-609-799-8019 (note that forms will not be accepted by e-mail).

### Procedure

**DONOR** — Complete Part A only and mail entire form together with your contribution to the designated recipient organization.

**INSTITUTION RECEIVING GIFT** — Complete Part B and return form to:

**The Bristol-Myers Squibb Foundation Matching Gift Program  
P.O. Box 7907  
Princeton, NJ 08543-7907**

### ELIGIBLE ORGANIZATIONS

Nonprofit organizations located in the United States or one of its possessions and recognized by the Internal Revenue Service as tax-exempt and designated a public charity under Section 501(c)(3) of the IRS Code or as an instrumentality of a federal, state or local government as provided by Section 170(c)(1) of the Code. The IRS designation of 501(c)(3) means that the organization is deemed a charitable one formed for non-profit reasons and is, therefore, tax exempt. Eligible organizations include, but are not limited to: colleges and universities, private and public elementary and secondary schools, arts and culture, health and human services agencies, civic, environmental.\*

**\* NOTE: Gifts to religious or sectarian organizations will not be matched unless the charity provides social services to the community at large on a nondiscriminatory basis without any religious teaching or promotion of a particular faith, creed or doctrine and operates these services under a separate 501c3. Tithes or other religion-related financial commitments are not eligible.**

### INELIGIBLE ORGANIZATIONS

- Church, religious and sectarian gifts except those described above.
- Tithes or other church related financial commitments
- Gifts made by or through Community remainder trusts, donor advised funds or family foundations
- Gifts to non-scholastic programs such as:
  - Athletic scholarships
  - Dues to alumni groups
  - Tuition payments or student fees
  - Stadium construction
  - Theater productions, departments or clubs
  - Subscription fees
  - Insurance premiums
  - Annuities
  - Bequests or life income trust arrangements
  - Gifts of real or personal property
  - Gifts to independent scholarship funds
  - Umbrella organizations
- Aggregate gifts — cumulative gifts from several individuals reported as one contribution
- Payments that are not in the form of direct gifts to an eligible organization
- Satellite organizations/offices.

**M A T C H I N G   G I F T   P R O G R A M**

**NOTE: Retirees must use paper forms to submit gifts. If you require matching gift forms, please contact 1-877-698-5961 or email: [bms@easymatch.com](mailto:bms@easymatch.com). Matching Gift forms are also available for download and printing at <http://www.easymatch.com/bms>.**

**Part A:**

**Complete Part A (only) and forward this form, along with your donation, to the Receiving Charitable Organization. All requested information *must* be provided. If a photocopied form is used, please copy both sides. *Please print***

Retiree BMS ID: \_\_\_\_\_ If you do not know your BMS ID, call the HR Service Center @ 1-800-897-9700 and ask for your **BMSID** (not BMS HR ID)

RETIREE NAME

HOME ADDRESS

CITY, STATE, ZIP

( )

DAYTIME PHONE

DONATION TO (NAME OF CHARITABLE ORGANIZATION)

CITY, STATE, ZIP

\$ .00

EXACT DATE OF GIFT

AMOUNT (in whole dollars)

Form of Gift:  CHECK/CREDIT CARD

STOCK

(# OF SHARES)

(NAME) OF STOCK

FAIR MARKET VALUE

**NOTE: Gifts to religious or sectarian organizations will not be matched unless the charity provides social services to the community at large on a nondiscriminatory basis without any religious teaching or promotion of a particular faith, creed or doctrine and operates these services under a separate 501c3. Tithes or other religion-related financial commitments are not eligible.**

I hereby certify that the information I have provided is complete and correct, that my gift fully complies with the program provisions stated on the reverse side of this form, and I understand that only the tax-deductible portion of my donation is eligible for matching by the Bristol-Myers Squibb Foundation.

RETIREE SIGNATURE

TODAY'S DATE

E-MAIL ADDRESS

**Part B: Receiving Organization**

**Complete Part B (only) and return to: The Bristol-Myers Squibb Foundation Matching Gift Program, P.O. Box 7907, Princeton, NJ 08543-7907**

**For information: Toll free: 1-877-698-5961 Fax: 609-799-8019 E-mail: [bms@easymatch.com](mailto:bms@easymatch.com)**

NAME OF ORGANIZATION (*Use only the name reflected on IRS Form 501(c)(3)*)

FEDERAL TAX ID NO. (EIN)

MAILING ADDRESS

CITY, STATE, ZIP

( )

( )

TELEPHONE

FAX

E-MAIL ADDRESS

WEBSITE ADDRESS

\$ .00

\$ .00

DATE OF GIFT RECEIVED

AMOUNT RECEIVED

TAX -DEDUCTIBLE PORTION

I hereby certify that the gift by the individual identified in Part A has been received by an organization that is tax exempt under the Internal Revenue Code Section 501(c)(3) and that the gift fully complies with the program provisions stated on the reverse side of this form.

PRINTED NAME OF CERTIFYING OFFICER

TITLE

SIGNATURE

TODAY'S DATE