



# Chevron Humankind Direct Contribution Matching Request Form

Chevron Humankind supports employees, retirees and corporate directors in their commitment to build better communities. We invite you to request a 1-to-1 match for your financial contributions to any eligible nonprofit – up to \$5,000 per employee and \$2,000 per retiree annually. You choose which nonprofit to support. Participation is completely voluntary.

To make a contribution by payroll deduction, use form GO-1777-A, "Chevron Humankind Payroll Contribution Matching Request Form."

To request a match for volunteer time, use form GO-1777-B, "Chevron Humankind Grants for Good Form."

**You should not submit the form below if you request a match online.** From **work**, request a match online at <http://community.chevron.com/humankind/>. From **home**, request a match online at <https://www.easymatch.com/chevron>. More information about Chevron Humankind guidelines is available at these sites.

## Eligible Contribution Choices

**Direct, one-time** (\$25.00 minimum per gift): Contributions must have been made by check or credit card or be in the form of marketable securities. Donors of securities must transfer full ownership rights to recipient organizations. Securities must have a reliable market quotation available to determine value and will be matched by using the average of the high and low stock prices on the date of the gift.

**Payroll, one-time and recurring** (\$24.00 minimum per gift, \$1.00 minimum per pay period per recurring gift amounting to \$24.00): Donors may contribute to multiple charities at one time or on a recurring basis. Recurring contributions will be disbursed quarterly based on period-to-date payroll withholding.

**Private "family" foundations and Donor Advised Funds:** Donor Advised Funds must be directly funded by the employee, retiree or director only, and the Fund must maintain a separate account segregating the contributions of the donor. Contributions made by a qualified "family" foundation or Donor Advised Fund must be directed by the donor and made on his or her behalf.

## Eligible Participants

- All Chevron U.S.-paid employees and Chevron employees who are based in the United States and have six months of company service.
- Former employees eligible for retiree medical coverage when they terminated the company.
- Current and retired members of the board of directors of Chevron Corporation.

## Contribution Limits

The Chevron Humankind matching gift fund is capped at \$10 million. Once the fund has been exhausted during a calendar year, a notice will be posted on the Chevron Humankind Web site, and any requests received subsequently will not be matched in that year. Total annual individual caps are as follows:

- Up to \$5,000 per year per employee or director
- Up to \$2,000 per year per retiree

These caps represent match dollars derived by financial contributions and volunteer time. See the Chevron Humankind Web site for details regarding volunteer time grants.

## Eligible Recipient Organizations

The following organizations may be eligible to receive a match from Chevron Humankind:

- Nonprofit organizations recognized by the U.S. Internal Revenue Service both as tax-exempt under Section 501(c)(3) of the Internal Revenue Code and as public charities.
- Governmental entities such as public libraries, publicly owned and operated museums, municipal zoos, public schools, state colleges and universities and community colleges.

**Ineligible Participants:** • Spouses and surviving spouses of Chevron employees, retirees and directors • Employees and retirees of non-wholly owned subsidiaries

## Limitations on Matching

Chevron will not provide financial support to any of the following entities:

- Organizations that discriminate against a person or group on the basis of age, political affiliation, race, national origin, ethnicity, gender, disability, sexual orientation or religious belief. **Note:** If a national organization's policies do not satisfy this criterion but a local affiliate confirms in writing that its own policies are nondiscriminatory and are consistent with Chevron's policies, Chevron will consider a matching grant to the local affiliate.
- Churches, synagogues, mosques and other houses of worship. **Note:** Chevron will consider matching gifts to programs operated by faith-based organizations if those programs (a) are open to all individuals in the community regardless of religious belief; (b) serve a secular purpose, such as a food pantry or a homeless shelter; and (c) do not require participants to join in religious worship as a condition of receiving the services that the charity offers.
- Individuals or organizations through which a contribution would directly benefit the donor, immediate family members or other person designated by a donor, including contributions made in the form of: bequests or premiums for assigned insurance; tickets for athletic, cultural and other benefit events; subscription fees; membership dues; multiyear commitments; deferred contributions; group contributions; payments in lieu of tuition, books or student fees; pledges, unless paid in full during a single calendar year; benefit event tickets, charity benefit auction purchases, charity golf tournament registrations, race admission fees or similar sports benefit events; or real property or personal property other than cash or securities.

Chevron reserves the right not to match donations to organizations that do not comply with the USA PATRIOT Act or to organizations that might represent a conflict of interest with Chevron's business interests or to its reputation or relationships with others.

## Administrative Conditions

Chevron Corporation will not provide names of eligible individuals or organizations to outside groups. Interpretation of each application shall be made by Chevron Corporation, and all decisions regarding match eligibility are final. No obligation is imposed upon or accepted by Chevron Corporation by reason of any application to the program(s) for funding. Chevron Corporation reserves the right to suspend, amend, revoke, modify or terminate, in whole or part, any program at any time. Chevron Corporation reserves the right to audit institutional/organizations' records and documents pertaining to this program. If an ineligible gift or invalid representation of employee involvement generates an expenditure of Chevron Humankind funds, Chevron Corporation will expect the return of its gift from the recipient institution/organization. After review and authorization, payments are made on a periodic schedule and may be subject to calendar-year budgetary limitations. Funds for Chevron Humankind will be budgeted in the consolidated charitable contribution budget.



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## SECTION A: TO BE COMPLETED BY DONOR (please print or type). Send the original signed, completed form to the eligible recipient organization.

Recipient Organization: \_\_\_\_\_ Gift Amount: \$ \_\_\_\_\_  
 check  credit card (mark one)

Location: \_\_\_\_\_ \$ to Match: \$ \_\_\_\_\_  
 City State

Program: \_\_\_\_\_ Date of Gift: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 within Recipient Organization, if applicable

If you are contributing securities, please enter the security name and stock symbol and the number of shares you're contributing and their value (in cash or estimated stock) on the line below:

I certify that the gift described above is a personal contribution that has been made voluntarily and that my gift fully complies with the provisions set forth by Chevron Humankind guidelines. I also certify that my gift does not directly benefit me, members of my family or any other person(s) designated by me.

Signature of Donor \_\_\_\_\_ Date Signed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Donor Type :  U.S. Paid Employee  Inpatient  Director  Retiree

CAI \_\_\_\_\_ HR Personnel No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 ( ) -

Email Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Company/Department \_\_\_\_\_

The recipient organization may acknowledge me as a contributor. Contact me through my  home address  work address  
 Name(s) for acknowledgement: \_\_\_\_\_

I prefer to remain anonymous. Please do not release my name to the recipient organization I have designated.

## SECTION B: TO BE COMPLETED BY ELIGIBLE RECIPIENT ORGANIZATION (please print or type)

Please verify receipt of the gift described in Section A. If this is your first time requesting a matching gift from Chevron, please include a copy of your tax-exempt letter showing 501(c)(3) status from the IRS.

**Processing will be delayed if this form is not completed and signed.**

No goods or services have been promised or provided to Chevron, to the donor or to person(s) designated by the donor in association with this contribution.

I hereby certify that the gift described in Section A fully complies with Chevron Humankind provisions stated on this application and will be applied solely to the charitable activities of the organization. The organization has not received any notification (written or oral) from the IRS that its tax exemption under Section 501(c)(3) has been revoked or is being questioned. The organization meets all of the requirements in Section 170(c). If the organization is not a corporation, I certify that the funds will be used only within the United States.

Name of Recipient Organization \_\_\_\_\_ Employer Identification Number (required) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
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Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email Address \_\_\_\_\_ Web Site Address \_\_\_\_\_

I hereby certify that a gift of \$ \_\_\_\_\_, of which \$ \_\_\_\_\_ is tax-deductible, OR \_\_\_\_\_ shares of \_\_\_\_\_ was received on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Name (please print) \_\_\_\_\_ Signature of Authorized Financial Officer \_\_\_\_\_  
 Title \_\_\_\_\_ Date Signed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Send the signed, completed form to the following address. If you need further information, feel free to contact us.

**Chevron Humankind**  
**Chevron Corporation**  
**PO Box 2160**  
**Princeton, NJ 08543-2160**

**Telephone: 1-877-202-2374 (Monday through Friday, 8 a.m. to 8 p.m. EST)**  
**Fax: 1-609-799-8019**  
**Email: [Chevron@easymatch.com](mailto:Chevron@easymatch.com)**