

Matching Gift Program Guidelines

To encourage and support the generosity and community involvement of employees, Chiesi Pharmaceuticals Inc. offers the Chiesi Pharmaceuticals Matching Gift Program, which provides matching funds to the charitable organizations employees personally support. To maximize the impact of employee charitable giving, Chiesi Pharmaceuticals Inc. matches, dollar for dollar, donations made by eligible employees to the eligible nonprofit organizations or educational institutions of their choice, subject to the total amount budgeted by the company for charitable contributions.

ELIGIBLE DONORS

Regular, full-time, active employees of Chiesi Pharmaceuticals Inc. who are actually working or who are on short-term disability are eligible.

PROGRAM GUIDELINES

- The minimum gift eligible for matching is \$25. The maximum amount matched, per employee, per year, is \$500.
- Chiesi will not match any employee gifts that are submitted for matching during any year after the total amount budgeted by the company for charitable contributions has been reached for such year.
- Gifts must be personal contributions actually paid, not merely pledged, and may be made in the form of checks or credit cards.

ELIGIBLE INSTITUTIONS AND ORGANIZATIONS

- Organizations and institutions must be located in the United States and recognized as tax-exempt by the Internal Revenue Service under Section 501c(3) or Section 501c(4) of the Internal Revenue Code.
- Organizations and institutions must meet the following additional requirements, as applicable:
 - Schools, colleges and universities must be accredited by a nationally-recognized accrediting agency or a state department of education. Tax exempt alumni funds, foundations and associations may be eligible if the schools they represent are accredited.
 - Hospitals must be tax-exempt, not-for-profit public or voluntary institutions accredited by the Joint Commission on Accreditation of Hospitals. Hospices must be accredited by the Joint Commission on Accreditation of Healthcare Organizations or Community Health Accreditation Program (CHAP).

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NON-ELIGIBLE INSTITUTIONS AND ORGANIZATIONS

- Religious organizations, such as churches or synagogues
- Political organizations, such as election campaign funds or committees

NON-ELIGIBLE CONTRIBUTIONS

- Gifts where anything was received in return, such as tickets, dinner, entertainment, etc.
- Gifts to support extracurricular activities such as athletics
- Dues to alumni groups
- Tuition payments
- Subscription fees

PROGRAM PROCEDURES

The employee should:

- Complete Part A of the Matching Gift Program Request Form.
- Mail the *original* form with the donation to the institution of your choice that meets the criteria listed in the guidelines. (Faxed copies will not be accepted.)

The recipient organization should:

- Complete Part B of the *original* Matching Gift Program Request Form.
- The authorized officer of the charity must verify the donation, sign the form and return the *original* form, along with any necessary materials, to Chiesi Pharmaceuticals Inc., Matching Gift Program, 9605 Medical Center Drive, Suite 380, Rockville, MD 20852.

For more information, please contact Sue Shepard at 301-424-2661 x783.

Chiesi Pharmaceuticals Inc. reserves the right to interpret and administer the program, and may suspend, amend, or discontinue the program at any time.



Matching Gift Program Request Form

INSTRUCTIONS

Donor:

- Complete Part A of this form – one for each gift. *Please print or type.*
- Send the form and a copy of the program guidelines together with your contribution to the recipient organization.

Recipient Organization:

- Verify receipt of gift.
- Complete Part B of this form. *Please print or type.*
- If this is your first matching gift request to the Chiesi Pharmaceuticals Matching Gift Program, enclose a copy of your Internal Revenue Service 501(c)(3) IRS determination letter and a brief description of your organization's primary purpose.
- Send the completed form to the address printed below.

PART A - DONOR SECTION

EMPLOYEE NAME

HOME ADDRESS

CITY/STATE/ZIP

BUSINESS TELEPHONE, INCLUDING AREA CODE

E-MAIL ADDRESS

EXACT DATE OF GIFT

\$ _____ \$ _____

AMOUNT OF GIFT (MIN \$25) **AMOUNT OF MATCH REQUESTED (MIN \$25)**

NAME OF ORGANIZATION

CHAPTER NAME (IF ANY)

ORGANIZATION CITY, STATE

RESTRICTION OR PURPOSE (IF ANY)

- I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution and that nothing of value was received in return, such as tickets, dinner, entertainment, etc.
- I certify that this contribution does not represent payment for tuition, services or other personal financial obligations. I have read and understand the guidelines of the Chiesi Pharmaceuticals Matching Gift Program.

EMPLOYEE SIGNATURE _____ DATE _____

PART B - RECIPIENT SECTION

EMPLOYER IDENTIFICATION NUMBER (EIN)

ORGANIZATION NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE, INCLUDING AREA CODE

E-MAIL AND WEBSITE ADDRESSES (IF ANY)

DATE GIFT WAS RECEIVED

\$ _____ \$ _____

AMOUNT OF GIFT RECEIVED **TAX DEDUCTIBLE GIFT AMOUNT**

I hereby certify that this organization/program meets the eligibility requirements of the Chiesi Pharmaceuticals Matching Gift Program, and that neither the donor nor Chiesi Pharmaceuticals Inc. will derive any personal material benefit from this gift or match.

AUTHORIZED OFFICER'S NAME/TITLE (PLEASE PRINT)

SIGNATURE OF AUTHORIZED OFFICER

MAIL COMPLETED FORM AND ANY REQUIRED ENCLOSURES TO:

Chiesi Pharmaceuticals Inc.
Matching Gift Program
9605 Medical Center Drive, Suite 380
Rockville, MD 20850

Phone: 301-424-2661

