copy of 501(c)(3) and 509(a) tax exemption.

Matching Gifts Program

| Part A Donor Procedures | | Complete and sign Part A. Please print. Send form and contribution to recipient institution. | | | | |
|--|---|---|--|----------------------------------|--|--|
| Circle the eligible category: (See eligibility requirements on reverse side) | | Employee ID Number Middle Initial | Donor Name: F | | | |
| | | Home Address Daytime Phone | | | | |
| 1. | Accredited College or University | City, State, Zip | | | | |
| 2. | Accredited Private Elementary or Secondary School | <u>Donor Status</u> : Active | ☐ Corning Inc.: ☐ Subsidiary: | Work Location Name of Subsidiary | | |
| 3. | Public School District | ☐ Director | \Box Other: | Name of Business | | |
| 4. | Hospital, Nursing Home, Hospice Program | Gift of: Cash Amount of | or Securities | No. of Shares | Company | |
| 5. | Performing or Visual Arts Organization | To: Eligible Institu | tion | | City/State | |
| 6. | Museum | For: | | | · | |
| 7. | Library | | Gift to be used for (if unrestricted, leave blank) | | | |
| 8. | Public Radio or Television Station | Date gift made: Certification: I hereby certify that the above donation is my voluntary, personal contribution and that I was not reimbursed by a loan or gift from any other person(s) or institution. This gift does not represent any form of tuition, fees or services. My contribution will not be used for religious or political programs, | | | | |
| 9. | Historical Society | | | | | |
| 10. | Nature Center; Botanical or Zoological Garden | or to fulfill any religious or political commitment. | | | | |
| Oonor Signature | | Month/Day/Year | | | | |
| | art B stitution Procedures | | | | send within 90 days from the date rning, New York 14831. | |
| | | I hereby certify that a gi | ft of: \$ | or Securities | No. of Shares Company | |
| | | | tible amount, the va | lue of membership, subs | cription, product, etc. that must be | |
| Photocopies of the | | | | | / / | |
| co | ompleted form will not be accepted. | Has been received by (| legal name of eligib | e institution) | Month/Day/Year | |
| Incomplete forms will be returned | | From (full name of donor) Certification: I certify that this institution is tax-exempt as defined by the United States Department of the Treasury under Sections 501(c)(3) and 509(a) of the Internal Revenue Code. I certify that the donor's gift does not represent payment of tuition, fees or services. This gift will not be used for religious or political purposes, or to fulfill any religious or political commitment. By my signature, we acknowledge that we anticipate receiving a matching contribution from the Corning Incorporated Foundation in the amount equal to the contribution from the individual whose name is set forth above. | | | | |
| | | | | | | |

| | | () - | |
|------------------|--------|-----------------|--|
| Street Address | | Telephone | |
| | | - | |
| | | | |
| City, State, Zip | E-mail | Website address | |

Matching Gifts Program

The Matching Gifts Program is sponsored by Corning Incorporated Foundation to encourage financial support of certain nonprofit institutions operated for the public good. The Foundation will contribute \$1 for every \$1 gift made by eligible Corning employees and directors.

- The minimum gift is \$25.
- The individual maximum is \$5,000 per calendar year. The donor's limit is based on the date of the gift.
- The organization maximum is \$20,000 per calendar year. This limit is based on the date of the employee gift.
- Completed forms must be submitted for a matching donation within 90 days from the date of the gift.

Eligible Individuals

- Full-time employees of Corning, or a domestic or foreign subsidiary in which Corning owns directly or indirectly more than 50 percent of the voting stock.
- Directors and director's emeriti of Corning and its eligible subsidiaries.

Eligible Institutions

To be eligible to receive matching funds, an institution must operate exclusively as one of the following:

- Accredited College or University
- Accredited Private Elementary or Secondary School
- Public School District
- Hospital, Nursing Home, Hospice Program
- Performing or Visual Arts Organization
- Museum
- Library
- Public Radio or Television Station
- Historical Society
- Nature Center; Botanical or Zoological Garden

In general, these institutions must be recognized by the United States Department of the Treasury as tax-exempt organizations under Sections 501(c)(3) and 509(a) of the Internal Revenue Code. A tax-exempt foundation collecting funds for a <u>single</u> eligible institution qualifies for matching funds.

Eligible Gifts

- Personal contributions paid, not pledged or accumulated.
- Cash or securities. If securities, the value will be ascertained as the last sale or published bid price on or before the date the stock is donated, determined by the Foundation at its sole discretion.
- Unrestricted gifts and contributions designated for a specific purpose or project, but not a specific individual.

Administrative Conditions

- The Foundation reserves the right to audit institutional records and documents pertaining to this matching program and to request supporting donor documentation it considers necessary.
- Questions of interpretation, application or administration of the program shall be determined by the Trustees
 of the Foundation. Their determination shall be final. Application forms may be obtained from the Foundation
 or accessed by employees through Corning's intranet site.
- Value of any membership fee, subscription, product, premium, ticket or other type of reimbursement must be subtracted from the gift amount.

• Trustees may at any time amend or discontinue the matching program, but no amendment or discontinuance shall affect the obligation of the Foundation to match gifts made prior to such amendment or discontinuance.

Additional Information

For all inquiries call or write:

Corning Incorporated Foundation MP-BH-07 Corning, New York 14831 (607) 974-8722

Revised: 12/2009