Corning Incorporated Foundation Matching Gifts Program

Part A

tax exemption.

Circle the eligible category: (See eligibility requirements in reverse side) 1. Acccredited College or University Middle Initial Last Home Address 2. Acccredited College or University City, State, Zip Dourn Status: 3. Acccredited Private Elementary or Secondary School Active Corning Inc:: Work Location 4. Hospital, Narsing Home, Hospital, Narsing Home, Hospital, Narsing Home, Hospital, Narsing Home, Hospital, Narsing Home, Hospital, Narsing Home, Hospital, School District Cift of: Cash Amount or Securities No. of Shares Company 5. Performing or Visual Arts Organization To: Eligible Institution City/State For: Filigible Institution City/State 7. Library Off to be used for (if unrestricted, leave blank) Date gift made: Certification: Libreby certify that the above donation is my voluntary, personal contribution and that I was not reimbursed by a loan or gift from any ofter person(c) or institution. This gift does not represent any form of builting. <i>fees on</i> series. <i>My contribution will no be used for religious or political programs, or to fulfill any religious or political commitment. Donor Signature ////////////////////////////////////</i>	Do	nor Procedures						
Daytime Phone 1. Accredited College or University Daytime Phone 2. Accredited Private Elementary or Scondary School Danc Status: 3. Public School District Director 4. Hospital, Nursing Home, Hospice Program Director 5. Performing or Visual Arts Organization City State, Zip 6. Museum To: Eligible Institution City/State 7. Library Date gift made: Gift to be used for (if unrestricted, leave blank) Date gift made: Organization 8. Public Radio or Television Station Certification: I hereby certify that the above donation is my voluntary, personal contribution and that I was not reinbursed by a loan or gift from any other person(s) or institution. This gift does not represent any form of guino, flex or services. My contribution will not be used for religious or political programs, or to fulfill any religious or political commitment. Part B Institution Procedures Senior management must complete and sign Part B of this form, and send within 90 days from the date of the gift to Corning Incorporated Foundation, MP-BH-07, Corning, New York 14831. Phereby certify that a gift of § Cash Amount or Securities No. of Shares Company Excluding the tax deductible amount, the value of membership, subscription, product, etc. that must be subtracted from gift amount; § Cash Amount or Securities No. of Shares Company Excluding the tax deductible institution is tax-exempt as defined by the Umited States Departrement of the treasury ander sections 30 ((
1. Accredited College or University City, State, Zip 2. Accredited Private Elementary or Secondary School Danor, Slatus: Active Corring Inc.: Work Location 3. Public School District Director Other: Name of Subsidiary 3. Public School District Director Other: Name of Subsidiary 4. Hospita, Nursing Home, Hospice Program Gift of: Cash Amount or Securities No. of Shares Company 5. Performing or Visual Ars Organization City/State For: City/State 6. Museum For: Gift to be used for (if urrestricted, leave blank) Date gift made: 7. Library Date gift made: Certification: I hereby certify that the above donation is my voluntary, personal contribution and that I was not reinbursed by a lown or gift from any other person(b) reinstitution. This gift does not represent any form of utilion, fees or service: My contribution will not be used for religious or political programs, or to fulfill any religious or political commitment. 7 Jone of signature Month/Day/Year Part B Institution Procedures Senior management must complete and sign Part B of this form, and send within 90 days from the date of the gift, to Corning Incorporated Foundation, MP-BH-07, Corning, New York 14831. I hereby certify that a gift of: \$ Cash Anount or Securities No. of Shares Company Excluding the tax deductible amount, the	on	reverse side)			Home Addres			
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Complete and sign Part A. Please print. Send form and contribution to recipient institution.

	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 <u>90 days from the date of the gift</u> .				
Eligible Individuals •	Full-time employees of Corning, or a indirectly more than 50 percent of th Directors and director's emeriti of C	e voting stock.			
Eligible Institutions	Accredited College or University Accredited Private Elementary or Se Public School District Hospital, Nursing Home, Hospice Pr Performing or Visual Arts Organizat Museum Library Public Radio or Television Station Historical Society Nature Center; Botanical or Zoologie	econdary School rogram tion cal Garden e recognized by the United State s 501(c)(3) and 509(a) of the In	÷		
Eligible Gifts • •	the date the stock is donated, determ	value will be ascertained as the ined by the Foundation at its sec	last sale or published bid price on or before ble discretion. se or project, but not a specific individual.		
Administrative Condition • •	The Foundation reserves the right to program and to request supporting de Questions of interpretation, applicati of the Foundation. Their determinati or accessed by employees through C	onor documentation it consider on or administration of the pro on shall be final. Application fo orning's intranet site.	documents pertaining to this matching rs necessary. gram shall be determined by the Trustees prms may be obtained from the Foundation et or other type of reimbursement must be		

• 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

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