CUBE SMART
MATCHING GIFTS PROGRAM GUIDELINES

POLICY

The CubeSmart Matching Gifts will match dollar-for-dollar contributions made to eligible charitable organizations by eligible Teammates. The program is intended to support and encourage Teammate engagement and philanthropy as well as serve as a focal point of CubeSmart’s corporate social responsibility efforts. CubeSmart will make annual matching gifts up to a maximum aggregate amount based on the amount budgeted for the year. Teammates will be notified of the annual amount budgeted for the program at the beginning of each fiscal year. Once CubeSmart has approved requests totaling the amount budgeted for the year, additional matching requests for the remainder of the year will not be approved.

WHO IS ELIGIBLE

- Full-time Teammates who have been employed by CubeSmart for at least one year.

ELIGIBLE ORGANIZATIONS

1. Nonprofit organizations that are certified as tax-exempt by the Internal Revenue Service under Section 501(c)(3) and have been classified as a “public charity” by the IRS. Churches are not eligible organizations.
2. Federal, state or local government entities, including public schools, to which contributions are tax-deductible.

ELIGIBLE CONTRIBUTIONS

- The contribution must be a cash contribution—no match will be approved for donated goods, services, or other non-cash assets.
- The minimum contribution to an eligible organization must be $25.
- The contribution must be deductible for federal tax purposes. If the Teammate will receive a benefit or gift as a result of the contribution, only the amount of the contribution that is tax-deductible will be matched.

INELIGIBLE CONTRIBUTIONS

- Contributions from spouses, domestic partners, consultants, interns and temporary Teammates
- Contributions made to purchase raffle tickets or charitable auctions
- Contributions to organizations identified as exempt under Section 509(a)(3) in accordance with IRS code. (http://www.fourmilab.ch/ustax/www.t26-A-1-F-II-509.html)
- Dues or subscription fees
- Contributions to political organizations and individuals
• Group and pooled donations (e.g., contributions made by a group of persons, and claimed as one gift from a single eligible donor)
• Deferred contributions (e.g., annuities, charitable remainder trusts, etc.)
• Tuition fees, loan repayments and payments in lieu of tuition

HOW THE MATCH WORKS

CubeSmart’s matching gifts program is limited to $100 per calendar year, per Teammate. Assuming an eligible Teammate contributes $100 to an eligible organization, CubeSmart will match the contribution dollar-for-dollar at the corporate maximum match limit of $100. Similarly, if an eligible Teammate contributes a total of $100 to several organizations, CubeSmart’s matching contributions will not exceed the matching gifts program limit of $100. If an eligible Teammate contributes more than $100 to an eligible organization or organizations, CubeSmart’s matching contribution will not exceed the maximum match of $100. All contributions made in a calendar year will be applied toward the matching gifts maximum for that calendar year. The minimum contribution that can be made to an eligible organization by a Teammate is $25.

CubeSmart will not fund organizations that discriminate in the provision of services or in employment practices based on race, color, religion, ethnicity, sex, age, national origin, disability, sexual orientation, marital status, and any other characteristics protected by applicable law. This policy does not prohibit funding of programs that meet specific needs of populations based on gender, age, disability, ethnicity or national origin. Organizations may be asked to attest to this fact.

CubeSmart reserves the right to determine whether or not a contribution is to be matched. CubeSmart also reserves the right to audit institutional records and documents pertaining to this program and to request any supporting donor documentation it considers necessary. The Matching Gifts Program may be amended, suspended or revoked at any time without notice.

CONTRIBUTION/SUBMISSION PROCESS

• Eligible Teammates may request a matching gift by completing Part A of the Matching Gift Form and forwarding it to the recipient organization along with their donation.
• An authorized official of the recipient organization must complete Part B of the form and return it to CubeSmart within three months of the receipt of the contribution. If the request is approved, a check will be mailed directly to the recipient organization. A notice of approval or denial will also be sent to the Teammate.
**CUBE SMART**
**MATCHING GIFT FORM**

**Part A - TO BE COMPLETED BY TEAMMATE**

Name ____________________________________________________________
Home Address ________________________________________________________________________________________________
City/State/Zip Code __________________________________________________________________________________________
Work Location __________________________ Daytime Phone ______________________

*Matching Gift*

Amount of Gift:$ _____ (Note: Minimum contribution $25)
Date: __________________________
Made by ____ Cash ____ Check ____ Credit Card

*Gift Recipient*

Name of Charitable Organization _________________________________________________
Address ________________________________________________________________________________________________
City/State/Zip Code __________________________________________________________________________________________
Telephone ________________________________________________________________________________________________

I certify that this gift meets with all the specifications as described in the CubeSmart Matching Gifts Program Guidelines. I am currently an eligible teammate of CubeSmart.

Signature of Teammate _________________________________
Date__________________________________________________

**Part B - TO BE COMPLETED BY RECIPIENT INSTITUTION**

Verify Part A. Fill out Part B Completely. E-mail or mail this completed form to charity@cubesmart.com or Charitable Gifts Program Administrator, CubeSmart, 5 Old Lancaster Road, Malvern, PA 19355.

I certify that this institution is recognized as a tax-exempt public charity (not a private foundation) by the IRS under Section 501(c)(3) or Section 170(c)(1) and has received the donation specified in Part A above.

Donor Name ________________________________________________
Amount __________________ Date Received ________________
Organization __________________ Tax ID __________________
City/State/Zip Code __________________________________________
Signature of Authorized Official ________________________________
Print Name of Authorized Official ______________________________