

# **FULTON FINANCIAL**

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## **CORPORATION**

### **Employee Matching Gift Program** *for Higher Education*

*The purpose of this program is to broaden Fulton Financial Corporation's financial support to higher education and to encourage individual employee gifts to institutions of higher learning by matching contributions to qualified educational institutions.*

#### **Eligible Participants**

All full-time, active employees of Fulton Financial Corporation and its wholly owned subsidiaries with at least one year of continuous service are eligible to participate in this program.

#### **Eligible Institutions**

Any degree-granting four-year college, university, graduate or professional school is eligible provided:

- It is located within the United States or one of its possessions.
- It is accredited by the appropriate regional or professional accrediting association.
- It is recognized by the United States Internal Revenue Service as a tax exempt institution.

#### **Qualifying Gifts**

The contribution must be a personal gift of the contributor, either in cash or in securities having a quoted market value. It must be paid, not merely pledged.

The maximum gift for one eligible employee will be \$250 per calendar year. The employee may contribute, and the corporation will match, gifts to more than one institution up to the \$250 maximum per employee per year.

#### **Non-qualifying gifts**

The corporation will not match tuition payments, dues payments to national and local alumni groups, payments of subscription fees for publications, insurance premium payments, bequests or other such payments made to eligible institutions even though such payments produce ultimate financial benefit for the institution.

#### **Administrative Conditions**

The corporation may at any time amend, suspend or terminate the program with respect to contributions thereafter made. The interpretation, application and administration of the provisions of the program shall be determined by Fulton Financial Corporation and its decision shall be final.

## Contribution Procedure

Complete the authorization form below and send this page with your gift to the eligible educational institution.

The educational institution should complete the confirmation form and return it and the authorization form to:

**Corporate Contributions**  
**Fulton Financial Corporation**  
**Attn: Meghan Dinges**  
**P.O. Box 4887**  
**Lancaster, PA 17604**

Upon receipt, the corporation will send a matching check to the educational institution.

\_\_\_\_\_  
(Name of Educational Institution) \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address - City, State and Zip) For \_\_\_\_\_  
(Directed use, if any)

Enclosed is my personal gift of \$ \_\_\_\_\_ or \_\_\_\_\_ shares of \_\_\_\_\_  
securities having a quoted market value of \$ \_\_\_\_\_

You are authorized to qualify this gift for a matching gift from Fulton Financial Corporation.

\_\_\_\_\_  
(Name in full - please print) \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Home Address) \_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(City, State and Zip Code) \_\_\_\_\_  
(Affiliate, Department & Location)

My relationship to the educational institution named above (for statistical purposes): \_\_\_\_\_ Alumna \_\_\_\_\_ Alumnus

**Confirmation Form (to be filled out by the Financial Officer of the educational institution or his/her designated agent)**

Fulton Financial Corporation,

I hereby certify that the gift of \$ \_\_\_\_\_, in cash or securities (as described above) was received from

\_\_\_\_\_  
(Name of Donor) on \_\_\_\_\_  
(Date)

and that the below-named institution qualifies for a matching gift from Fulton Financial Corporation.

This institution is accredited by \_\_\_\_\_

\_\_\_\_\_  
(Name of Payee - as it should appear on check) \_\_\_\_\_  
(Signature of Chief Financial Officer or his/her designee)

\_\_\_\_\_  
(Street Address) \_\_\_\_\_  
(Name and Title - Please Print)

\_\_\_\_\_  
(City, State and Zip Code) \_\_\_\_\_  
(Name of Educational Institution)