



To encourage and support the generosity and community involvement of employees, KLA-Tencor is proud to offer the KT Foundation Matching Gift Program. Through this program, an employee may request a matching gift from KT Foundation following their act of giving a personal donation to an eligible charitable organization.

Eligible Participants

All active, full time regular employees of KLA-Tencor are eligible to participate in the KT Foundation Matching Gift Program. Spouses and surviving spouses of eligible employees are not eligible.

Eligible Organizations

Nonprofit organizations located in the United States or one of its possessions and recognized by the Internal Revenue Service as tax-exempt and designated a public charity under Section 501(c)(3) of the IRS Code or as an instrumentality of a federal, state or local government as provided by Section 170(c)(1) of the Code.

Eligible organizations include, but are not limited to: colleges and universities, private and public elementary and secondary schools, arts and culture organizations, health and human services agencies, civic organizations, and environmental organizations.

Organizations in Europe and Asia are also eligible, but they must complete a document sent by the program to determine equivalency to US IRS 501(c)(3) non-profit status.

What Contributions are Eligible?

- Must be a donation, from the donor's personal funds, which has been paid, and pledged, directly to an approved organization.
- The minimum gift eligible for matching is \$50. For installment gifts, each match request must be submitted separately and meet the \$50 minimum gift requirement.
- The maximum amount matched per donor per calendar year is \$500. If the donor makes several contributions, gifts will be matched in the order received, up to the maximum annual donor limit for the calendar year.
- The donor's limit is based on the date of the gift.
- Gifts must be in the form of check, cash, stock or credit card.
- You may be asked to provide proof of your contribution in the form of a cancelled check, bank statement, or credit card statement.
- Your can charge your contribution and request a match, right from the KT Foundation Matching Gift Program website at www.easymatch.com/KTFoundation. Cash contributions charged through your organization are also eligible.

What Gifts are Not Eligible for Matching?

- Gifts made by or through Community Trusts or similar organizations, including Charitable Remainder Trusts, Donor Advised Funds, or Family Foundations
- Gifts made in lieu of tuition payment for services
- Subscription, membership or any other fees for which benefits are received
- Dues to alumni(ae) or similar groups
- Gifts or payments for primarily political or religious purposes, unless specified for a community outreach program, such as a soup kitchen or homeless shelter
- Insurance premiums
- Bequests or life income trust arrangements
- Gifts of real or personal property
- Cumulative gifts from several individuals reported as one contribution

How Does the Program Work?

Online:

Employees may request matching gifts through a quick, user-friendly, online request process at the KT Foundation Matching Gift Program web site

[HTTPS://WWW.EASYMATCH.COM/KTFOUNDATION](https://www.easymatch.com/KTFOUNDATION). Following receipt of the request, the KT Foundation program administrator will contact the organization to verify receipt of the employee's gift.

Paper:

Employees may request matching gifts through a paper-form process as follows:

Employee Instructions

- Employee completes Part 1 of the form.
- Employee mails the completed form and any other necessary documentation to the organization.

Organization Instructions

- The organization completes Part 2 of the form, verifying that the gift was received.
- The form must be signed by an authorized officer of the organization.
- The organization mails the completed form to the KT Foundation Matching Gift Program at P.O. Box 8498 Princeton, NJ 08543- 8498.

Eligible requests are processed on the following quarterly schedule.

Received By: 4/1 7/1 10/1 1/1

Processed By: 4/30 7/31 10/31 1/31

Matching Gifts must be requested within six months of the gift date. Requests received after that time will not be honored. Receipt of gift will be verified by the organization. KT Foundation grants are designated for unrestricted support. For more information, please visit the program web site at <http://www.easymatch.com/KTFoundation>.

The website contains program related information such as Guidelines, FAQs, as well as the ability to view their personal giving history and search for charitable organizations. If you have any questions, please contact the KT Foundation Matching Gift Program via email at KTFoundation@easymatch.com or phone at 1-866-801-2751

Administrative Conditions

KT Foundation reserves the right to interpret, apply, amend or revoke the program and/or the guidelines at any time without prior notice. The policies and procedures described above are not conditions of employment nor are they intended to create or constitute a contract between KLA-Tencor and any one or all of its employees.

Organizations approved in the past may not qualify for the KT Foundation Matching Gift Program in subsequent years if new information is received regarding the loss of their tax status or change in their mission or their programs that indicate the organization now falls outside of the KT Foundation Matching Gift Program guidelines. However, absent such new information, previously approved organizations are likely to be approved.



PART 1 – DONOR SECTION

Instructions: Complete Part 1 of this form – one for each gift. Please print or type. Send the form and a copy of the program guidelines with your contribution to the recipient organization.

DONOR ID NUMBER

DONOR NAME

HOME ADDRESS

CITY/STATE/ZIP/COUNTRY

BUSINESS TELEPHONE, INCLUDING AREA CODE AND COUNTRY PREFIX

E-MAIL ADDRESS

EXACT DATE OF GIFT

\$ AMOUNT OF GIFT (MIN \$50) \$ AMOUNT TO BE MATCHED (MIN \$50)

TYPE OF GIFT: PLEASE CHECK ONE:

- CASH/CHECK CREDIT CARD STOCK

IF SECURITIES, NUMBER OF SHARES AND NAME OF SECURITY

NAME OF ORGANIZATION

ORGANIZATION CITY, STATE

RESTRICTION OR PURPOSE (IF ANY)

- I hereby certify that:
- Neither my family nor I will derive any direct or indirect financial or material benefit from this contribution.
- I authorize the above-named recipient organization to report this gift to KT Foundation for the purpose of applying for a matching gift.
- My gift is a voluntary contribution, that it fully complies with the provisions of the program described herein, and does not represent in anyway a fee for a service or benefit.
- Any misrepresentation by me of the statements made herein will forfeit my rights to any matching contributions and, in addition, may result in violations of law.
- I have not been nor will be reimbursed by anyone for this contribution.
- I have read and understood the guidelines of the KT Foundation Matching Gift Program.

SIGNATURE OF EMPLOYEE DATE

**Failure to complete this form will delay processing.*

PART 2 – RECIPIENT ORGANIZATION SECTION

Instructions: Verify receipt of gift. Complete Part 2 of this form. Please print or type. If this is your first matching gift request to the KT Foundation Matching Gift Program, please enclose a copy of your Internal Revenue Service 501(c)(3) IRS determination letter and a brief description of your organization’s primary mission statement or purpose. Forward form to the address printed below.

EIN OR NON-PROFIT REGISTRATION NUMBER (IF ANY)

ORGANIZATION NAME

ADDRESS LINE 1

ADDRESS LINE 2

TELEPHONE AND FAX, INCLUDING AREA CODE AND COUNTRY PREFIX

E-MAIL WEBSITE ADDRESSES (IF ANY)

DATE GIFT RECEIVED

\$ AMOUNT OF GIFT \$ TAX DEDUCTIBLE GIFT AMOUNT

I hereby certify that:

- This organization/program meets the eligibility requirements of the KT Foundation Matching Gift Program
- That neither the donor nor KT Foundation will derive any personal material benefit from this gift or match.
- That this organization is in full compliance with the anti-terrorism laws legislated by the USA Patriot Act. In addition, by countersigning this Matching Gift Application, I agree that this organization will not promote or engage in violence, terrorism, bigotry or the destruction of any state, nor will it make sub-grants to any entity that engages in these activities.
- That I am authorized to attest to the above statements and have sufficient knowledge to do so.
- I have read and understood the guidelines of the KT Foundation Matching Gift Program.

AUTHORIZED OFFICER’S NAME (PLEASE PRINT)

TITLE (PLEASE PRINT)

SIGNATURE OF AUTHORIZED OFFICER DATE

**Completed forms must be received within six (6) months of the date of gift. Failure to complete this form will delay processing.*

MAIL COMPLETED FORM AND REQUIRED ENCLOSURES TO:
KT Foundation Matching Gift Program
P.O. Box 8498
Princeton, NJ 08543-8498
Phone: 1- 866-801-2751
E-mail: KTFoundation@easymatch.com
Web Site: www.easymatch.com/KTFoundation