

Pfizer Foundation Matching Gift Application

Address: Pfizer Foundation Matching Gifts Program, P.O. Box 2072, Princeton, NJ 08543-2072

Telephone: (888) 782-3048 • Fax: 609-799-8019 • Email: pfizer@easymatch.com

DONOR FILLS IN THIS SECTION

<p>PLEASE TYPE OR PRINT IN BLUE INK</p> <p>1. Fill in this section. 2. Assure form is completed and signed. 3. Send form with your gift to the organization.</p> <p>The donor's signature authorizes the recipient organization to report this gift to The Pfizer Foundation to apply for a Matching Gift.</p> <p>The countersignature by the authorized officer of the organization confirms receipt of the described gift.</p>	Name of Donor:		<p>OUR ADDRESS</p> <p>Pfizer Foundation Matching Gifts Program P.O. Box 2072 Princeton, NJ 08543-2072</p> <p>Telephone: (888) 782-3048 Fax: (609) 799-8019 pfizer@easymatch.com</p> <p>CHECKLIST</p> <p><input type="checkbox"/> Form is signed? <input type="checkbox"/> Gift is \$25 or more? <input type="checkbox"/> Gift Date entered? <input type="checkbox"/> Org. Name entered? <input type="checkbox"/> Clearly printed? <input type="checkbox"/> Have read guidelines? <input type="checkbox"/> Confirmed eligibility?</p>	
	<input type="checkbox"/> Employee <input type="checkbox"/> Director <input type="checkbox"/> Pfizer Inc Retiree <input type="checkbox"/> Warner Lambert Retiree (see page 2 for eligible retiree population)			
	Employee ID Number:			
	Date of Hire or Retirement:			
	Home Address (<input type="checkbox"/> Check if new address):			
	City:	State:		Zip Code:
	Telephone:			
	Corporate E-mail Address:			
	Name of Organization Receiving Gift:			
	City and State:			
	Program Designation (if any):	Date of Gift:		
	Amount of Gift (minimum \$25):			
	Requested Match Amount:			
	Gift Type: <input type="checkbox"/> Cash/Check <input type="checkbox"/> Real Estate <input type="checkbox"/> Credit Cards <input type="checkbox"/> Securities (Name of securities):			

I hereby certify that the above donation is entirely my personal contribution, and that it is not in whole or in part the gift of another individual, the sum of the gifts of other individuals, or the gift of any group or organization. I also certify that this gift is solely for the use of the organization named and that neither I, nor any member of my family, nor any related third party, will receive any direct or tangible benefit from this gift. I also certify that I've read and complied with the program guidelines.

Signature	X	Date:	
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RECIPIENT ORGANIZATION FILLS IN THIS SECTION

<p>1. Verify Donor Section. 2. Complete this section. 3. Return form to Pfizer Foundation Matching Gifts Program, P.O. Box 2072, Princeton, NJ 08543 4. Applications must be received no later than March 1 for contributions made during the prior year. 5. If first request see box at right.</p>	Officer Authorized to Sign (Please print):		<p>FIRST REQUEST?</p> <p>If an organization has not previously participated in the Pfizer Foundation Matching Gifts program, please include the following:</p> <ul style="list-style-type: none"> • Copy of your 501(c)(3) Federal Tax Exempt letter from the IRS • Mission statement 	
	Title:			
	Organization Address:			
	City:	State:		Zip Code:
	Telephone:			
	Employer Identification Number:			
	Website Address:			
	Amount of Donor's Gift: \$, .00			
Tax Deductible Portion of Gift: \$, .00				

I confirm the above gift was received and this organization is tax exempt under section 501(c)(3) of the U.S. Internal Revenue Code. I further confirm that no direct, tangible benefit will accrue to the donor, to any member of their family, nor to any related third party as a result of this gift and it will be used to support the charitable objectives of the organization.

Signature of Authorized Officer:	X	Date:	
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Pfizer Foundation Matching Gift Guidelines

THE PROGRAM

The Pfizer Foundation Matching Gifts Program is part of the Foundation's continuing efforts to support non-profit organizations that benefit the communities in which Pfizer employees and retirees live and work. The Program is a voluntary one designed to provide participants with an additional incentive to make periodic contributions benefiting eligible organizations of their own choosing.

HOW IT WORKS

The Pfizer Foundation will match active Pfizer employee gifts of at least \$25 each, but up to \$15,000 in total gifts, per person per calendar year made. Retiree (see below for eligible retiree population) donations will be matched at 50% up to a maximum of \$5,000. The minimum applies to each gift a donor may wish to make; the maximum applies to the total contributions to one or more organizations the Foundation will match.

Matching Gifts Program application forms must be submitted to the eligible organizations (their affiliated funds, foundations or associations) during the calendar year in which the contribution is made. The recipient organization must then complete and submit the applications to The Pfizer Foundation Matching Gifts Program administrator. Applications must be received by the processing center no later than **March 1st** for contributions made during the prior calendar year.

Contributions may be paid by cash, check, credit card, real estate (a qualified appraisal per IRS rules must be attached) or by negotiable securities that have a publicly listed market value. The value of securities, for the purpose of the Program, will be determined based upon the median market price on the date of the gift. *GIFTS MUST BE PAID, NOT MERELY PLEDGED.*

Please note that neither Pfizer Inc, the employee, retiree, board member, nor any member of their family may directly or indirectly benefit as a result of the matching gift.

ELIGIBLE INDIVIDUALS

Individuals eligible for the program are US-based regular full-time or regular part-time employees including those based in Puerto Rico, expatriates, Board members of Pfizer Inc, legacy Pfizer retirees and legacy Warner Lambert retirees.

Eligibility of retirees of an acquired company is determined based on the matching gifts program offered to said retirees at the time of acquisition.

ELIGIBLE ORGANIZATIONS

Any non-profit charitable Health Care, Education, Civic and Cultural organization is eligible for the Matching Gifts Program provided it is located in the United States or Puerto Rico, recognized as tax exempt by the Internal Revenue Service under Section 501(c)(3) of the Internal Revenue Code, and is not a private foundation. Public Schools are also eligible.

EXAMPLES OF ELIGIBLE ORGANIZATIONS

- Eligible health care organizations include: hospitals, hospices, psychiatric/mental health organizations, ambulatory care facilities, long-term convalescent facilities, etc.; as well as a range of national and local health-related organizations, including those whose programs relate to specific diseases.
- Eligible educational organizations include: graduate and professional schools; colleges and universities; public or private secondary, elementary and pre-elementary schools; as well as a range of national and local education-related organizations.
- Eligible civic organizations include: a wide range of national and local civic and social service groups, such as community recreational

centers, programs for the elderly, halfway houses, women's centers, drug/alcohol rehabilitation projects, youth programs, conservation groups, legal assistance centers, programs for the handicapped, vocational/technical training and non-academic research organizations.

- Eligible cultural organizations include: aquariums, arboretums, art galleries, arts councils, botanical gardens, cultural/performing arts centers, dance companies, film societies, historical societies/restorations, libraries, museums, music/choral groups, opera companies, orchestras, planetariums, public broadcasting television and radio stations, theater companies and zoos.

RESTRICTIONS & NON-ELIGIBLE GIFTS

The Pfizer Foundation will **NOT** match the following:

- Forms are received after March 1 for gifts made in the prior year
- Gifts to organizations that do not have a 501(c)(3) exemption, except for public schools
- Private Foundations
- Individual, family or group memberships in organizations
- Gifts to individual research projects
- Pooled funds from a number of individuals
- Amount payable as dues or subscription fees for publications
- Insurance premium payments
- Payments that cover the costs of services, tuition, books, student fees or alumni dues
- Unitrust or charitable remainder organizations
- In-kind services, materials, supplies or pledges
- Payments to satisfy legal obligations
- Gifts to partisan political organizations, candidates, or to support specific legislation
- Gifts made to organizations that practice discrimination
- Tickets for benefit dinners or events
- Gifts made by spouses or surviving spouses
- Gifts made to Donor Advised Funds
- Gifts made to religious organizations (e.g. churches, temples, synagogues, mosques)

Gifts may be eligible for a match if the programs operated by faith-based social service organizations meet the following criteria:

- The organization has a 501 (c)(3) determination letter from the IRS;
- If the gift is designated to a particular program that is available and open to all individuals in the community;
- The program is for non-religious purposes (such as a food pantry or domestic abuse shelter) and:
- The organization does not use the program to promote any religion

For more information including application, program guidelines and giving history:

- Log on to the portal at <http://employeegiving@pfizer.com>
- Contact the Pfizer Foundation Matching Gifts Program at 888-782-3048 or send an e-mail to pfizer@easymatch.com

ADMINISTRATIVE CONDITIONS

The Pfizer Foundation will determine whether specific grant requests comply with the eligibility requirements, application procedures and intent of the program. While the Foundation hopes to continue the Matching Gifts Program indefinitely, the Foundation reserves the right to modify or terminate the program at any time.