

Pfizer Foundation Matching Gift Application

	DONOR FILLS IN THIS SECTION	
<p>PLEASE TYPE OR PRINT IN BLUE INK</p> <p>1. Fill in this section.</p> <p>2. Assure form is completed and signed.</p> <p>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>	<p>Name of Donor <input type="checkbox"/> Employee <input type="checkbox"/> Director <input type="checkbox"/> Pfizer Inc Retiree <input type="checkbox"/> Warner Lambert Retiree</p> <p>Employee ID Number / /</p> <p>Home Address <input type="checkbox"/> Check if new address</p> <p>Date of Hire or Retirement</p> <p>City/State ZIP Code Daytime Telephone Number</p> <div style="border: 2px solid black; padding: 2px;">Corporate e-mail Address _____</div> <p>/ /</p> <p>Name of Organization Receiving Gift (If donating to a religious organization grants must be designated for community outreach programs as described on the back of this form.)</p> <p>Date of Gift \$, .00</p> <p>Amount of Gift (minimum \$25)</p> <p><input type="checkbox"/> Cash/Check <input type="checkbox"/> Real Estate <input type="checkbox"/> Credit Card <input type="checkbox"/> Securities _____ Shares of</p> <p>City/State Name of Securities</p>	<p>OUR ADDRESS</p> <p>Pfizer Foundation Matching Gifts Program P.O. Box 2072 Princeton, N. J. 08543-2072</p> <p>Telephone: (888) 782-3048 Fax: (609) 799-8019</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">CHECKLIST</p> <ul style="list-style-type: none"> ✓ Form is signed? ✓ Gift is \$25 or more? ✓ Gift Date entered? ✓ Org. Name entered? ✓ Clearly printed? ✓ Have guidelines listed on back been reviewed? </div>
<p>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.</p> <p>X _____</p> <p>Signature Date</p>		
<p>1. Verify Donor Section.</p> <p>2. Complete this section.</p> <p>3. Return form to address shown at top right.</p> <p>4. Applications must be received no later than March 1 for contributions made during the prior year.</p> <p>5. If first request see box at right.</p>	<p style="text-align: center;">RECIPIENT ORGANIZATION FILLS IN THIS SECTION</p> <p style="text-align: right;">\$, .00</p> <p>Print Name of Officer Authorized to Sign Amount of Donor's Gift</p> <p style="text-align: right;">\$, .00</p> <p>Title Tax Deductible Portion of Gift</p> <p>Organization Address Organization Telephone Number</p> <p>City/State Zip Code Employer Identification Number</p> <p>Website Address:</p>	<p style="text-align: center;">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
<p>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.</p> <p>X _____</p> <p>Signature of Authorized Officer Date (stamp signature is not accepted)</p>		

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 all eligible gifts of at least \$25 each but not exceeding \$15,000 in total gifts per person per calendar year made to eligible organizations (or their affiliated funds, foundations or associations). The \$25 minimum applies to each gift a donor may wish to make; the \$15,000 maximum applies to the total contributions to one or more organizations made by a donor during a calendar year.

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. Applications must be received by the JK Group no later than **March 1** 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.*

Gifts must be charitable contributions which are deductible for federal tax purposes. Please note that neither Pfizer Inc, the employee, retiree, board member, or 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 Puerto Rico, expatriates, retirees or Board members of Pfizer Inc or its wholly-owned subsidiaries, and retirees of Warner Lambert.

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.

Religious Organizations are eligible. However, funds must be designated to a program that benefits the "general" community. Additionally, all religious organizations MUST have 501(c)(3) tax-exempt status to be 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.
- Eligible religious organization projects include: soup kitchens, clothing drives, and other programs for people in need.

RESTRICTIONS & NON-ELIGIBLE GIFTS

The Pfizer Foundation will **NOT** contribute matching funds in these cases:

- Forms 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 or trusts
- Individual, family or group memberships in organizations
- Gifts to individual research projects
- Pooled gifts
- Alumni dues
- Amounts payable as dues or subscription fees for publications
- Insurance premium payments
- Payments that cover the costs of services, tuition, books, student fees
- Gifts to fulfill tithes to religious organizations
- 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 anti-business organizations or organizations that practice discrimination
- Tickets for benefit dinners or events
- Gifts made by spouses or surviving spouses

For more information and an application:

- On the Pfizer Intranet: Your Life, Your Pfizer and click on Benefit Forms.
- Call 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.