# Matching Gift Program Guidelines



Phoenix matches employee gifts of \$25 or more to eligible organizations, up to \$2,500 annually.

#### ELIGIBLE PARTICIPANTS

- Regular full-time employees
- Part-time employees who work a minimum of 19¼ hours hours per week
- Directors of The Phoenix Companies, Inc.

#### ELIGIBLE ORGANIZATIONS

- A charitable organization that is recognized as a 501(c)(3) by the U.S. Internal Revenue Services
- Accredited, nonprofit public and private academic institutions

#### ELIGIBLE GIFTS

Gifts may be in the form of cash, check or credit card.

NOTE: Employees may not receive goods, services or benefits in return for their own or the company's donations. Your gift may be restricted to a particular organization's need or fund, or it may be unrestricted; however, all matching gifts from Phoenix are unrestricted.

#### **▶ INELIGIBLE GIFTS**

- Tuition, dues or membership fees
- Donations to Phoenix workplace campaigns for the United Way and Arts Council and contributions from a United Way Philanthropy Fund which have already been matched by the company
- Gifts to religious organizations for religious purposes
- Gifts of personal property except publicly traded securities
- Subscription fees for publications or ticket payments

#### **HOW TO APPLY**

- Complete Part A of the matching gift application and send the form along with your gift to your charitable organization or educational institution
- The organization will complete
   Part B and mail it back to Phoenix confirming your gift and its nonprofit status

Phoenix matches gifts according to the schedule below:

| Match Close*                    | Match Paid |  |
|---------------------------------|------------|--|
| March 31                        | April 15   |  |
| June 30                         | July 15    |  |
| September 30                    | October 15 |  |
| December 31                     | January 15 |  |
| *The completed form is received |            |  |

\*The completed form is received from the eligible organization.

The annual \$2,500 limit applies to matches paid within a calendar year.

## FOR MORE INFORMATION, CONTACT:

Babette Mantilla
Matching Gift Administrator
Phoenix
One American Row, PO Box 5056
Hartford, CT 06102-5056
(860) 403-6340
(860) 403-5871 fax
babette.mantilla@phoenixwm.com



### MATCHING GIFT PROGRAM APPLICATION

| PART A - To be completed by the Phoenix Emp   | loyee or Director  |                                  |
|---|--|----------------------------------|
| Please fill out Part A completely and send this form to with your gift.   | o the eligible educational instit  | cution or nonprofit organization |
| Name  | Phoenix Employee ID # (if applicab   | ole) Office Phone Number         |
|   |  |                                  |
| Email Address   | Eligibility Status (please check)  | 1                                |
|   | ☐ Employee ☐ Director  |                                  |
| Name and address of matching gift recipient organization  |  |                                  |
|   |  |                                  |
| Dollar value of gift sent   | Amount of gift to be matched   | Date gift sent                   |
| \$  | \$   |                                  |
| Signature   |  | Date                             |
| PART B - To be completed by Officer of Eligible E   | ducational Institution or Nor  | nprofit Organization             |
| Please complete Part B and return this form to:  The Phoenix Matching Gift Program One American Row, PO Box 5056 Hartford CT 06102-5056 Attention: Babette Mantilla, H-12 Fax: 860-403-5871 Email: babette.mantilla@phoenixwm.com | Phoenix's matching gift is unrestricted and equal to the amount of an individual's donation (unless otherwise specified by the donor), subject to the limitations defined in the Program Guidelines. |                                  |
| Amount Received   |  | Date Received                    |
| \$<br>Donor   |  |                                  |
| Name of Institution   |  | Phone Number                     |
| Address   |  |                                  |
| I certify that we are an eligible tax exempt organ<br>no goods or services were provided to the donc  |  | Program Guidelines and that      |
| Federal ID Number   | Officer Signature  |                                  |
| Date  | Officer Nam  | ne and Title                     |