# Schering-Plough Foundation Matching Gift Program Guidelines



The Matching Gift Program is part of the Schering-Plough Foundation's continuing effort to fund <u>educational institutions, hospitals and</u> <u>hospices</u> that are supported by the employees of Schering-Plough Corporation. The Foundation will match, dollar for dollar, gifts to those institutions deemed eligible by program guidelines, up to an annual maximum, per donor, of \$10,000 per year.

#### WHO CAN PARTICIPATE?

Regular, full-time employees of Schering-Plough Corporation, including its subsidiaries and divisions, who have completed three months of employment, and members of the Schering-Plough Corporation Board of Directors. Gifts from spouses of employees or Directors are not eligible.

#### WHICH INSTITUTIONS QUALIFY TO RECEIVE MATCHING FUNDS?

Nonprofit organizations 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 and meet the following criteria:

#### EDUCATION:

- An accredited educational institution offering secondary or higher education leading to a recognized diploma or degree, or;
- A national, regional, or state association of educational institutions, such as the United Negro College fund, whose sole purpose is to raise funds on behalf of its member institutions, or;
- An institution serving children with mental and physical disabilities that is accredited, approved or licensed as an educational institution by an appropriate professional, state or specialized accrediting body, or;

#### HOSPITALS and HOSPICES:

- A hospital registered with the American Hospital Association and accredited by the Joint Commission on Accreditation of Hospitals, or;
- A fund or association of hospitals registered by the American Hospital Association and accredited by the Joint Commission on Accreditation of Hospitals, whose sole purpose is to raise funds on behalf of its member hospitals, or;
- A hospice certified as a Medicare provider

Please note that only organizations that fall into one of the categories above will qualify for a matching gift.

Gifts to social service agencies or health related organizations, such as, but not limited to, the American Cancer Society or American Heart Association, are not eligible under the matching gift program.

#### WHAT GIFTS ARE ELIGIBLE?

- Personal gifts made by an employee that have been paid and not simply pledged. The minimum gift for matching is \$25.
- Gifts made through an employee's personal foundation or charitable trust created for charitable purposes, in which the employee is a principal contributor.

- Gifts up to \$10,000 per employee per year. This maximum is based on the date of the gift.
- Gifts in the form of cash, check, credit card or publicly traded securities with a quoted market value. Gifts of securities are valued, based on the average of the high and low on the date of the gift.
- Gifts made in the name of an employee by the family of an individual who has died while an active full-time employee of the Corporation where such contributions are made within one year of the employee's death. Such gifts are subject to the annual minimum and maximum limits.

#### WHAT IS NOT ELIGIBLE FOR MATCHING?

- Gifts made in lieu of tuition payments
- Fees for service
- Membership fees
- Dues to alumni(ae) or similar groups
- Gifts or payments for primarily political or religious purposes
- Subscription fees for publications
- Insurance premiums
- Collections or cumulative gifts from several individuals which are reported as one contribution

#### How the Program Works

The employee should:

- $^{\upsilon}$  Complete Part 1 of the form.
- <sup>b</sup> Mail the *original* form, with the donation and any other necessary documentation, to the institution of your choice that meets the criteria listed in the guidelines. (Faxed copies will not be accepted.)

#### The recipient organization should:

- Complete Part 2 of the *original* application form.
- The authorized officer of the charity must verify the gift, sign the application and return the *original* form to the Schering-Plough Foundation Matching Gift Program, P.O. Box 2332, Princeton, NJ 08543-2332.

#### WEB-BASED ELECTRONIC OPTION FOR DONATIONS

Log on to the Schering-Plough Foundation Matching Gift Website: <u>http://www.easymatch.com/spmatchgift</u>

- Make a gift using a major credit card, or
- Register a current gift (or a gift made within one year)

#### IS THERE A TIME LIMIT FOR MATCHING MY GIFT?

Gifts must be registered within one year of the date of payment by check, credit card, or traded securities. Gifts registered after that time will not be eligible. All gifts must be verified by the recipient institutions to be matched by Schering-Plough Foundation.

For more information, please contact the Matching Gift Program via phone at 1-866-223-4489, via email at <u>spmatchgift@easymatch.com</u> or visit the Matching Gift Program Website at http://www.easymatch.com/spmatchgift



http://www.easymatch.com/spmatchgift

## INSTRUCTIONS

Employee:

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

### **Recipient Institution:**

- υ Verify receipt of gift.
- v Complete Part 2 of this form. Please print or type.
- If this is your first matching gift request to the Schering-Plough Foundation Matching Gift Program, enclose a copy of your Internal Revenue Service 501(c)(3) IRS determination letter and a brief description of your organization's primary purpose.
- $_{\upsilon}\,$  Forward form to the address printed below.

PART 1 - To be completed by employee	PART 2 - To be completed by recipient institution	
EMPLOYEE ID NUMBER	EMPLOYER IDENTIFICATION NUMBER (EIN)	
EMPLOYEE NAME	INSTITUTION NAME	
HOME ADDRESS	Address	
City/State/Zip	City/State/Zip	
BUSINESS TELEPHONE, INCLUDING AREA CODE	TELEPHONE, INCLUDING AREA CODE	
E-MAIL ADDRESS	E-MAIL AND WEB SITE ADDRESSES (IF ANY)	
Exact Date of Gift \$ \$	Date Gift Received \$ \$	
AMOUNT OF GIFT (MIN \$25) AMOUNT OF MATCH REQUESTED (MIN \$25)	AMOUNT OF GIFT TAX DEDUCTIBLE GIFT AMOUN	<mark>NT</mark>
Type of gift: Please check one: Cash Check Credit Card Stock (Securities) IF STOCK, NUMBER OF SHARES AND NAME OF STOCK	I hereby certify to the Schering-Plough Foundation the rece the gift described above, the eligibility of this institution and use of these funds to support the primary aims of this institu attesting that they will not be used to pay any fees or in lieu	the ution,
NAME OF ORGANIZATION RECEIVING GIFT	tuition.	
Organization City, State	AUTHORIZED OFFICER'S NAME/TITLE (PLEASE PRINT)	
DESIGNATION OF GI FT (IF ANY)	SIGNATURE OF AUTHORIZED OFFICER DA	ATE
I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution. I certify that this contribution does not represent payment for tuition, services or	MAIL COMPLETED FORM AND ANY REQUIRED ENCLOSURES TO:	
other personal financial obligations. I have read and understand the guidelines of the Schering-Plough Foundation Matching Gift Program.	Schering-Plough Foundation Matching Gift Program P.O. Box 2332 Princeton, NJ 08543-2332	
EMPLOYEE SIGNATURE DATE	Phone: 1-866-223-4489 E-mail: spmatchgift@easymatch.com	

Web Site: