

PLAN DESCRIPTION

A Matching Gifts to Education Program was established by action of the Trustees of The H.O. West Foundation on March 15, 1984 to encourage employees of West Pharmaceutical Services, Inc. to join with the foundation in financial support to institutions of higher education.

The Program provides that the Foundation will make gifts to eligible schools from a minimum of \$25 to a maximum of \$1000 per employee per calendar year, based on the dates requests are received from the schools.

Persons Eligible

All full-time employees, retirees and members of the Board of Directors of West Pharmaceutical Services, Inc. or its domestic subsidiaries are eligible. Employees need not have attended the school to which the gift is being made.

Schools Eligible

Four year and two year colleges, graduate, professional and secondary schools which are located within the United States or one of its possessions, are non-profit, and are recognized by the Internal Revenue Service as organizations to which gifts are deductible for Federal Income Tax purposes.

Gifts

Eligible gifts must be in the form of cash or securities, and must actually be made, not merely pledged. The value of securities contributed, for purposes of determining a matching amount, will be the last sale or published bid price, if available, on or before the date of the gift.

Gifts ineligible for matching include: tuition, student fees, dues, subscription fees for publications, insurance premiums under which the institution is beneficiary.

Administration

The Trustees of the Foundation may suspend, change, revoke or terminate the program at any time with respect to gifts thereafter made.

HOW THE PROGRAM OPERATES

This document initiates the matching gift procedure.

- (1) An eligible employee should complete **Parts A and B** and forward the form with his or her gift to the school.
- (2) A responsible officer of the school should sign **Part C** upon verification of the gifts receipt and return it with **Part B** to *The H.O. West Foundation Matching Gifts to Education Program, 101 Gordon Drive, Lionville, PA 19341.*
- (3) Upon verification of eligibility, The H.O. West Foundation will authorize payment of matching gifts in accordance with the provisions of the Program.
- (4) The Foundation will notify the donor when the matching gift has been forwarded to the school.

PART A—SCHOOL COPY

THE H. O. WEST FOUNDATION
Matching Gifts to Education Program

To Donor: All areas of this form must be completed. Be sure to sign where indicated on bottom of form and send with your gift to the school. Please print all information legibly.

Gift to _____
(Eligible School of Your Choice)

Date _____ Amount \$ _____

Donor Name _____

Donor
Address _____

City State Zip

PART B—FOUNDATION COPY

THE H. O. WEST FOUNDATION
Matching Gifts to Education Program

(1) Donor Information

(a) Name _____

(b) Address _____
City State Zip

(c) West Facility _____

(2) School Receiving Gift

(a) Name _____

(b) Address _____
City State Zip

(3) Gift Information

Exact Date Gift Was Made _____

(b) Amount \$ _____

(c) Form of Gift
 Cash
 Securities
Shares of _____

Signature of Donor

PART C—FOUNDATION COPY
School Authorization

THE H. O. WEST FOUNDATION
Matching Gifts to Education Program

The donor's signature above authorizes the school to report this gift to The H. O. West Foundation to apply for a matching gift under the Matching Gifts to Education Program and affirms that the gift listed above has been made in the amount and in the form indicated. Please insure that all required information is provided. The signature of an officer of the school (at right) confirms receipt of the above listed gift. After signing, in order to receive the matching gift, return to:

School Name _____

(Print Name of Financial Officer)

(Signature of Financial Officer)

Title _____

Date _____

The H. O. West Foundation
Matching Gifts to Education Program
101 Gordon Drive
Lionville, PA 19341-0645