



Delta Dental of New Mexico recognizes the importance of individual support of nonprofit organizations. Through the Matching Gifts Program, we continue our legacy of assisting other nonprofit institutions by combining the philanthropic corporate resources with employee giving.

The Matching Gifts Program matches gifts up to \$5,000 per participant in each calendar year on a one dollar-for-one dollar basis. This program is designed to encourage your participation and promote your individual support of qualifying institutions important to you.

The Matching Gifts Program allows you to help Delta Dental of New Mexico determine how to spend a portion of its philanthropic resources. This form describes the program and the procedures for obtaining matching funds for your donations. This form is for use in making the contribution. Additional forms are available and can be obtained by contacting the Matching Gifts Program Administrator.

TYPE OF MATCH AND ELIGIBLE GIFTS

- Gifts will be matched on a one dollar-for-one dollar basis.
- The amount of each gift after deduction for benefit(s) received, shall equal at least \$25 in order to be eligible to be matched.
- A combined maximum of \$5,000 of gifts per participant and/or spouse/domestic partner per calendar year will be matched.
- Gifts of cash or marketable securities must be made from participant's personal assets.
- Gifts are matched on an ongoing basis throughout the year. However, no matching payment will be made unless a properly completed Matching Gifts form from the recipient organization is received by the Matching Gifts Program by February 28th of the calendar year following the year in which the gift is made.

WHO IS ELIGIBLE TO PARTICIPATE?

- Permanent full-time U.S. employees of Delta Dental Plan of New Mexico, Inc. and its subsidiaries.
- Permanent full-time U.S. employees of Delta Dental

of New Mexico who have completed six months of service, and their spouse/domestic partner.

• Surviving spouses/domestic partners of employees do not qualify.

• **NOTE: Spouses/domestic partners of eligible employees and directors must jointly file this form.**

WHAT ARE THE QUALIFICATIONS FOR ELIGIBLE RECIPIENTS

- Fully accredited, 4-year, degree-granting, public or private colleges and universities
- Graduate and professional schools
- Educational funds, alumni funds, foundations and associations
- Secondary and elementary private schools which are accredited and managed under the direction of an independent board of trustees
- Scientific, cultural, and environmental organizations, open to public participation and recognized as tax-exempt by the Internal Revenue Service under section 501(c)(3), including, but not limited to: community dental clinics, museums, art galleries, neighborhood art centers, dance companies, opera companies, philharmonic orchestras, musical performing groups, community theater companies, public broadcasting systems, public or research libraries, botanical or zoological societies, historical societies, historical preservation/restoration societies, planetariums, and organizations promoting oral health.

• **NOTE: All recipients must be located in the State of New Mexico**

WHAT ARE SOME EXAMPLES OF INELIGIBLE GIFTS?

- Gifts that return benefits to the donor such as memberships, subscriptions or tickets to events
- Payments made in lieu of tuition, books or other student fees
- Gifts in the form of a pledge
- Gifts to organizations operating outside the State of New Mexico
- Gifts to parochial schools or other schools of religious denomination which are not managed under the direction of an independent board of trustees
- Gifts to athletic scholarships, political groups, war veterans groups or federated charity funds

EMPLOYEE

1. Before making your contribution, complete section one of this form. Please include all requested information. Incomplete forms will be returned to the participant. Please type or print legibly.
2. Spouses/domestic partners of eligible participants must include information on the employee or director.
3. All inquiries should be made in writing and mailed to: Delta Dental of New Mexico, Attn: Matching Gifts Administrator, 2500 Louisiana Blvd., NE, Suite 600, Albuquerque, New Mexico, 87110.
4. Delta Dental of New Mexico reserves the right to suspend, terminate or amend this program at any time without prior notice.

EMPLOYEE FULL NAME _____

SPOUSE/DOMESTIC PARTNER NAME _____

HOME ADDRESS _____

CITY STATE ZIP _____

DAYTIME PHONE _____

EMPLOYMENT DATE WORK LOCATION _____

AMOUNT OF GIFT DATE OF GIFT _____

RECIPIENT ORGANIZATION _____

RECIPIENT ADDRESS _____

CITY STATE ZIP _____

CASH or STOCK

PLEASE CHECK IF: DIRECTOR

SPOUSE/DOMESTIC PARTNER EMPLOYEE

AMOUNT OF MATCH IF DIFFERENT: _____

EMPLOYEE SIGNATURE _____

MAIL THIS FORM WITH YOUR DONATION TO THE RECIPIENT ORGANIZATION.