

# Matching Gifts Request Form

## Instructions

### EMPLOYEES

1. Read eligibility information carefully.
2. Fill out Employee Section.
3. Mail the completed form along with your donation to the recipient institution.

### RECIPIENT INSTITUTION

1. An appropriate officer of the institution should review the Employee Section and fully complete the Recipient Section.
2. Mail the form, along with any necessary correspondence, to:

**OppenheimerFunds, Inc.**  
**Matching Gifts Program**  
**c/o Legacy Program**  
**P.O. Box 173673**  
**Denver, CO 80217-3673**

### OppenheimerFunds' Processing Procedures

All processing will be completed within two weeks of receipt. After verifying eligibility, a check will be sent directly to the recipient institution.

### ELIGIBLE EMPLOYEES

Regular, full-time employees of OppenheimerFunds and its subsidiaries and affiliates who are actively working or on short-term disability or family medical leave.

The following individuals are **not eligible** to participate:

- Retirees
- Interns
- Employees who are on long-term disability
- Part-time employees and contractors

### ELIGIBILITY

- Charitable and nonprofit organizations with nonreligious and nonpolitical missions that are recognized as tax exempt under Section 501(c)(3) of the Internal Revenue Code are eligible
- Some gifts to public, private and parochial educational institutions, including colleges and universities, are eligible.<sup>1</sup> Non-athletic scholarship funds and capital campaigns are eligible, but tuition payments and religious and political causes at recipient institutions are **not eligible**
- Houses of worship, political parties/candidates and the United Way are **not eligible**
- Only gifts of "cash" (cash, credit card, check or money order), mutual fund shares or highly liquid securities will be matched. Only gifts actually made, not pledged, will be matched
- Employees may restrict the use of a gift by the recipient. The program's matching contribution will be unrestricted
- **There is a minimum of \$25 per individual gift**
- The program will match eligible contributions up to \$1,000 per calendar year per employee on a dollar-for-dollar basis

**If you have any questions, please contact Sarah Welty at x30587.**

1. Accredited by the State Department of Education, one of the six regional associations that form the Council of Regional School Accrediting Commissions, or by one of the accrediting organizations recognized by the Secretary of the U.S. Department of Education or the Commission on Recognition of Postsecondary Accreditation.

**OppenheimerFunds, Inc. and The Legacy Program reserve the right of final determination of the eligibility of all employees, gifts and recipients. Legacy Program gifting rules govern the program and all distributions. For additional information on Program Guidelines, please refer to the Community Investment Program section of OPnet. You may also contact The Legacy Program at 1.877.OFI.GIVE (1.877.634.4483).**

# Matching Gifts Request Form

## EMPLOYEE SECTION

Check that the form is completed and signed.  
Employee sends this form and contribution to the recipient institution.

Name

Employee Number

Department/Location/Extension

Date of Gift

Amount of Gift or Number of Shares of Securities

If Securities, What Type and Name?

Institution Receiving Gift

Institution's Full Address

I certify that the above information is correct, that this contribution qualifies as a tax-deductible gift and complies with all the specifications described in this form. I am currently an eligible employee as described herein.

Signature

Date

## RECIPIENT SECTION

To be completed by institution officer.  
Verify information in Employee Section.

Name of Institution

Full Address

City State Zip

Tax Identification Number

	Yes	No
Are you a 501(c)(3) designated organization?	<input type="checkbox"/>	<input type="checkbox"/>
Is your organization politically affiliated?	<input type="checkbox"/>	<input type="checkbox"/>
Is your institution a house of worship?	<input type="checkbox"/>	<input type="checkbox"/>

If Educational Institution, Accredited by:

### Cash Donation

I certify that the amount of \$ [ ] was received on (date) [ ] and that this institution is an eligible recipient and that this gift is an eligible gift as described in this brochure.

### Mutual Fund or Liquid Security Donation

*The recipient of the securities must liquidate them and send a confirmation of sale along with this form to OppenheimerFunds.*

I certify that the amount of [ ] shares of securities of (Name of Issuer) [ ] was received on (date) [ ] with a market value of \$ [ ], that this institution is an eligible recipient and that this gift is an eligible gift as described in this form.

Signature of Officer

Date

Print Full Name and Title/Phone No.