

Pharmacia Retiree Education Matching Gifts

A Program of the Pfizer Foundation

Address: P.O. Box 8687, Princeton, NJ 08543-8687

Telephone: (888) 260-4587 • Fax: 609-799-8019 • Email: pharmaciafoundation@easymatch.com

DONOR FILLS IN THIS SECTION

PLEASE TYPE OR PRINT IN BLUE INK

1. Fill in this section.
2. Assure form is completed and signed.
3. Send form with your gift to the organization.

The donor's signature authorizes the recipient organization to report this gift to The Pfizer Foundation to apply for a Matching Gift.

The countersignature by the authorized officer of the organization confirms receipt of the described gift.

Name of Donor:			
Employee ID Number:			
Date of Retirement:			
Home Address (<input type="checkbox"/> Check if new address):			
City:	State:	Zip Code:	
Telephone:			
E-mail Address:			
Name of Organization Receiving Gift:			
City and State:			
Program Designation (if any):			
Amount of Gift (minimum \$25):			
<i>(Gifts will be matched at 50% for retirees)</i>			
Requested Match Amount:			
<i>(Amounts listed here will be matched at 50% for retirees)</i>			
Gift Type:	<input type="checkbox"/> Cash/Check <input type="checkbox"/> Credit Cards <input type="checkbox"/> Securities (Name of securities):		

OUR ADDRESS

Pharmacia Retiree
Matching Gifts Program
P.O. Box 8687
Princeton, NJ 08543-8687

Telephone: (888) 260-4587
Fax: (609) 799-8019
pharmaciafoundation@easymatch.com

CHECKLIST

- Form is signed?
- Gift is \$25 or more?
- Gift Date entered?
- Org. Name entered?
- Clearly printed?
- Have read guidelines?
- Confirmed eligibility?

I hereby certify that the above donation is entirely my personal contribution, and that it is not in whole or in part the gift of another individual, the sum of the gifts of other individuals, or the gift of any group or organization. I also certify that this gift is solely for the use of the organization named and that neither I, nor any member of my family, nor any related third party, will receive any direct or tangible benefit from this gift. I also certify that I've read and complied with the program guidelines.

Signature X

Date:

RECIPIENT ORGANIZATION FILLS IN THIS SECTION

1. Verify Donor Section.
2. Complete this section.
3. Return form to P.O. Box 8687 Princeton, NJ 08543
4. Applications must be received no later than March 1 for contributions made during the prior year.
5. If first request see box at right.

Officer Authorized to Sign (Please print):			
Title:			
Organization Address:			
City:	State:	Zip Code:	
Telephone:			
Employer Identification Number:			
Website Address:			
Amount of Donor's Gift: \$,		.00
Tax Deductible Portion of Gift: \$,		.00

FIRST REQUEST?

If an organization has not previously participated in the Pfizer Foundation Matching Gifts program, please include the following:

- Copy of your 501(c)(3) Federal Tax Exempt letter from the IRS
- Mission statement

I confirm the above gift was received and this organization is tax exempt under Section 501(c)(3) of the U.S. Internal Revenue Code. I further confirm that no direct, tangible benefit will accrue to the donor, to any member of their family, nor to any related third party as a result of this gift and it will be used to support the charitable objectives of the organization.

Signature of Authorized Officer:

X

Date:

Pharmacia Retiree Education Matching Gift Guidelines

THE PROGRAM

Pharmacia Retiree Education Matching Gifts program: A Program of the Pfizer Foundation is part of the Foundation's continuing efforts to support higher educational institutions and the Kalamazoo Community Foundation.

HOW IT WORKS

The Pfizer Foundation will match retiree donations at 50% up to a maximum of \$5,000. Contributions of \$25 up to \$5,000 per year will be matched at 50%. The \$25 minimum applies to each gift a donor makes, and the \$5,000 maximum applies to the total contributions to one or more institutions the Foundation will match.

Pharmacia Retiree Matching Gifts application forms must be submitted to the eligible organizations (their affiliated funds, foundations or associations) during the calendar year in which the contribution is made. The recipient organization must then complete and submit the applications to Pharmacia Retiree Matching Gifts processing center. Applications must be received by the processing center no later than **March 1** for contributions made during the prior calendar year.

Contributions may be paid by cash, check, credit card, real estate (a qualified appraisal per IRS rules must be attached) or by negotiable securities that have a publicly listed market value. The value of securities, for the purpose of the Program, will be determined based upon the median market price on the date of the gift. **GIFTS MUST BE PAID, NOT MERELY PLEDGED.**

Gifts must be charitable contributions which are deductible for federal tax purposes. Please note that neither Pfizer Inc, the employee, retiree, board member, or any member of their family may directly or indirectly benefit as a result of the matching gift.

Educational Institution sends the form to:
Pharmacia Retiree Education Matching Gifts Program
P.O. Box 8687
Princeton, New Jersey 08543-8687

ELIGIBLE INDIVIDUALS

Individuals eligible for the program are retirees of Pharmacia Corporation.

ELIGIBLE ORGANIZATIONS

Accredited educational institutions located within the United States that can provide a copy of its IRS 501 (c) (3) tax exempt certification under Section 509 (a), and provide an assigned statement from a financial officer indicating that the purpose and operations of the institution have no changes from those stated in the IRS determination letter.

Degree-granting private or public colleges, junior colleges, universities, graduate and professional schools.

Private and public secondary schools.

Educational funds or national organizations (e.g., the United Negro College Fund or independent state college funds), to which gifts are tax deductible, and whose sole purpose is to collect and transmit gifts directly to educational institutions Kalamazoo Community Foundation also eligible.

RESTRICTIONS & NON-ELIGIBLE GIFTS

The Pfizer Foundation will **NOT** match the following:

- Forms received after March 1 for gifts made in the prior year
- Pledges not yet paid
- Gifts to athletic scholarships, programs, facilities funds or associations
- Gift made by will or life income plans, insurance premiums and similar plans
- Tuition or its equivalent, books or student fees
- Subscription fees for publications
- Dues payable to alumni groups (e.g., classes, clubs, or fraternities)
- Gifts provided that will generate a benefit (e.g. admission to sporting or special events options to purchase tickets and parking passes
- Gifts restricted to benefit an individual or small group of people
- Pooled funds from a number of individuals
- Gifts made to organizations that practice discrimination

For more information and an application:

- Call Pharmacia Retiree Education Matching Gifts at 888-260-4587 or send an e-mail to pharmaciafoundation@easymatch.com.

ADMINISTRATIVE CONDITIONS

The Pfizer Foundation will determine whether specific grant requests comply with the eligibility requirements, application procedures and intent of the program. While the Foundation hopes to continue the Matching Gifts Program indefinitely, the Foundation reserves the right to modify or terminate the program at any time.