

Eli Lilly and Company Foundation
Matching Gifts Program Request Form
GUIDELINES



ELIGIBLE CONTRIBUTORS

Eligible Contributors include: active full-time and part-time Lilly employees who are U.S. citizens working in the United States, U.S. citizens working abroad, and non-U.S. citizens who are working in the United States (the “Lilly Employees”); active full-time and part-time employees of Lilly U.S.-based affiliates who are U.S. citizens working in the United States, U.S. citizens working abroad, and non-U.S. citizens who are working in the United States (the “Affiliated Employees”); active members of the Lilly Board of Directors; retired Lilly Employees and Affiliate Employees who are U.S. citizens; and retired members of the Lilly Board of Directors.

INELIGIBLE CONTRIBUTORS

Ineligible Contributors include: contingent and temporary employees of Lilly or its affiliates; contractors; any Lilly or Lilly affiliate employee who is not a U.S. citizen and who works or is retired outside the United States; spouses or family members of any Eligible Contributor; and any other individual or entity that is not included within the definition of an Eligible Contributor.

ELIGIBLE CHARITABLE ORGANIZATIONS

Eligible charitable organizations (“Eligible Recipients”) are the educational institutions, cultural organizations and health organizations defined below that are tax-exempt public charities and that are not terrorist organizations under Code section 501(p)(2).

ELIGIBLE EDUCATIONAL ORGANIZATIONS

Eligible educational organizations are those entities organized primarily for educational purposes (K and higher) or those entities organized primarily to support educational organizations. Organizations that have some educational component do not qualify as eligible educational organizations. Contributions will be matched if the contribution will be used for the following purposes: general scholarship funds; general operational funds; and capital campaigns and building funds. Ineligible uses include: athletic programs; athletic scholarships; athletic facilities; tuition; band; choir; tithing; payments in lieu of tuition or other student fees or expenses; and scholarships or financial aid that directly benefit specific, known individuals.

ELIGIBLE CULTURAL ORGANIZATIONS

Eligible cultural organizations generally include visual or performing arts and public information dissemination organizations. Examples include museums, art councils, botanical or zoological societies, public broadcasting systems, public libraries, symphony orchestras, historical associations, and performing arts companies. Contributions will not be matched if used for programs or works with obscene or pornographic content, whether visual, audio, or otherwise; programs or works that promote or denigrate one or more religions or religious icons; and certain politically-based programs, whether visual, audio, or otherwise.

ELIGIBLE HEALTH ORGANIZATIONS

The following is the exclusive list of eligible health organizations: Alliance for Aging Research; Alzheimer’s Disease and Related Disorders Association, Inc.; American Cancer Society; American Diabetes Association; American Heart Association; American Sepsis Alliance; Attention Deficit Disorder Association; Behavior Corp. Foundation, Inc.; Damon Runyon Cancer Research Foundation; Depression and Bipolar Support Alliance; Human Growth Foundation; Juvenile Diabetes Research Foundation International; The Leukemia & Lymphoma Society – IND. Chapter; The National Alliance for Research on Schizophrenia and Depression (NARSAD); National Association for Continence; National Alliance for the Mentally Ill; National Mental Health Association; National Osteoporosis Foundation; National Women’s Health Resource Center; Parkinson Disease Foundation; Partners in Health; Society for Women’s Health Research; Susan G. Komen Breast Cancer Foundation; Wellness Community; World Foundation for Medical Studies in Female Health; and World Federation of Mental Health. Contributions will not be matched if the contribution is used to pay for individual medical treatment or for purposes that do not further the general operations of the health organization.

MATCH LIMITATIONS

The match limitations for Lilly Employees, Affiliate Employees, and active Lilly Board members for each category (education, cultural and health) are: \$25 minimum contribution for each match; \$30,000 total contribution(s) per year. The match limitations for Retired Lilly Employees and Affiliate Employees who are U.S. citizens and retired Lilly Board members for each category (education, cultural and health) are: \$25 minimum contribution for each match; \$2,500 total contribution(s) per year.

GENERAL INELIGIBLE CONTRIBUTIONS

Ineligible Contributions also include any of the following: contributions from community trusts or similar organizations including charitable remainder trusts, donor advised funds, and family foundations; contributions made by an Eligible Contributor in exchange for an equivalent benefit, e.g., tickets, discounts, memberships, meals, or dues; bequests; pledges; in-kind gifts of real or personal property; life income trust arrangements or life income plan gifts; insurance premiums or proceeds; cumulative gifts from several individuals reported as one contribution by an Eligible Contributor; and community fundraisers (raise money by soliciting sponsors).

PARTICIPATION

Contributors may request matching gifts through a quick, user-friendly, online request process at the Matching Gifts Program web site www.easymatch.com/lillymg. Following the receipt of the match request, the Matching Gifts Program administrator will contact the organization to verify receipt of the gift. Retirees only may request matching gifts through the paper request form process by completing the Contributor Section of the paper Matching Gifts Request Form and sending it, along with their gift to the Recipient Organization, who will in turn, complete the Recipient Organization Section and send it to the Eli Lilly and Foundation, Inc. Matching Gifts Program administration office, located at P.O. Box 8739, Princeton, NJ 08540-8739.

GENERAL INELIGIBLE ORGANIZATIONS AND PURPOSES

Ineligible Organizations and Purposes also include any of the following: organizations or programs that promote hate, discrimination, or engage in illegal activities; contributions made for primarily political purposes or for the purpose of attempting to influence legislation; contributions made primarily for religious purposes; and contributions used to promote obscene or pornographic work, whether visual, audio, or otherwise.

OTHER GENERAL REQUIREMENTS

The Lilly Foundation will not initiate the Program. An Eligible Contributor must make a contribution to an Eligible Recipient for an eligible purpose before the Lilly Foundation will match such gift. A contribution must be in the form of cash, check, credit card, or marketable securities (with an

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established market value determined by the average price on the day the contribution is made). The Lilly Foundation will not consider match requests for contributions that are more than six-months-old.

APPLICATION

PART 1 – ELIGIBLE CONTRIBUTOR SECTION

Instructions: Complete Part 1 of this form for each gift*.
Please print or type. Send Part 1 & Part 2 with your contribution to the Recipient Organization.

GLOBAL ID – ON YOUR PAY STUB OR ON MYELVIS – NOT YOUR USER ID

CONTRIBUTOR NAME

HOME ADDRESS

CITY/STATE/ZIP

E-MAIL ADDRESS

EXACT DATE OF GIFT

\$ _____ \$ _____

AMOUNT OF GIFT (MIN \$25) **AMOUNT TO BE MATCHED (MIN \$25)**
**** (If blank, full amount of gift will be matched.)**

TYPE OF GIFT - PLEASE CHECK ONE:

CASH CHECK CREDIT CARD SECURITIES

IF SECURITIES, NUMBER OF SHARES AND NAME OF SECURITY

NAME OF RECIPIENT ORGANIZATION

RECIPIENT ORGANIZATION CITY, STATE

PURPOSE OF GIFT (E.G., GENERAL FUND, CAPITAL CAMPAIGN, SCHOLARSHIPS, ETC., NOT RELIGIOUS OR POLITICAL)

I hereby certify that:

- Neither my family nor I will derive any direct or indirect financial or material benefit from this contribution.
- I authorize the above-named recipient organization to report this gift to Eli Lilly and Company Foundation, Inc. for the purpose of applying for a matching gift.
- My gift is a voluntary contribution, that fully complies with the provisions of the program described herein, and does not represent in anyway a fee for a service or benefit.
- Any misrepresentation by me of the statements made herein will forfeit my rights to any matching contributions and, in addition, may result in violations of law.
- I have not been nor will be reimbursed by anyone for this contribution.
- I have read and understood the guidelines of the Eli Lilly and Company Foundation, Inc. Matching Gifts Program.

SIGNATURE

DATE

*** Failure to complete this form will delay processing.**

**** Subject to match limitations**

PART 2 – RECIPIENT ORGANIZATION SECTION

Instructions: Verify receipt of gift. Complete Part 2 of this form. *Please print or type.* If this is your first matching gift request to the Eli Lilly and Company Foundation, Inc. Matching Gifts Program, please enclose a copy of your Internal Revenue Service determination letter and a brief description of your organization's mission statement or purpose.

EMPLOYER IDENTIFICATION NUMBER (EIN)

ORGANIZATION NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE, INCLUDING AREA CODE **FAX, INCLUDING AREA CODE**

E-MAIL **WEBSITE ADDRESSES (IF ANY)**

DATE GIFT RECEIVED

\$ _____ \$ _____
AMOUNT OF GIFT **TAX DEDUCTIBLE GIFT AMOUNT**

USE OF FUNDS (E.G., GENERAL FUND, CAPITAL CAMPAIGN, SCHOLARSHIPS, ETC., NOT RELIGIOUS OR POLITICAL PURPOSES)

I hereby certify that:

- I have read and understood the Guidelines of the Eli Lilly and Company Foundation, Inc. Matching Gifts Program.
- This organization meets the eligibility requirements of the Eli Lilly and Company Foundation, Inc. Matching Gifts Program.
- The contributions will not be used for any ineligible purpose set forth in the Guidelines. The contributor's gift and the Foundation's match will be used for the above-designated educational, cultural, or health purposes only.
- The contributor will derive no personal material benefit from this gift or match.
- This organization is a tax-exempt public charity.
- This organization is in full compliance with the anti-terrorism laws legislated by the USA Patriot Act. In addition, by countersigning this Matching Gift Form, I agree that this organization will not promote or engage in violence, terrorism, bigotry or the destruction of any state, nor will it make sub-grants to any entity that engages in these activities.
- I am authorized to attest to the above statements and have sufficient knowledge to do so.

AUTHORIZED OFFICER'S NAME (PLEASE PRINT)

TITLE (PLEASE PRINT)

SIGNATURE OF AUTHORIZED OFFICER

DATE

- **Completed forms must be received within six (6) months of the date of gift.**

MAIL COMPLETED FORM AND REQUIRED ENCLOSURES TO:

Eli Lilly and Company Foundation, Inc. Matching Gifts Program
P.O. Box 8739
Princeton, NJ 08543-8739

Phone: 1-800-449-7689

E-mail: lillymg@easymatch.com

Web Site: www.easymatch.com/lillymg