

## Part A Donor Procedures

To be completed by employee

Circle the eligible category:

1. Health Care Organization
2. Hospital
3. Educational Institution

Please complete and sign Part A. Please Print. Send form and contribution to recipient institution.

EmployeeIDNumber                      Donor Name    First                      Middle                      Last

Home Address

City, State, Zip Code

Daytime Phone                      Email Address

Check here to verify that you are a full-time employee.

**Gift of \$**

Cash                      Securities                      No. of Shares                      Company

Amount to be Matched:                      Date Gift Made:

**To:**

Eligible Institution                      City                      State

**For:**

Gift to be used for (if unrestricted, leave blank)

**Certification:** I hereby certify that the above donation is my voluntary, personal contribution and that I was not reimbursed by a loan or gift from any other person(s) or institution. This gift does not represent any form of tuition, fees or services. My contribution will not be used for religious or political programs, or to fulfill any religious or political commitment.

Donor Signature                      Month/Day/Year

## Part B Institution Procedures

To be completed by recipient organization

Incomplete forms will delay processing.

If your organization is new to our program, please provide descriptive literature and a copy of 501(c)(3) tax exemption.

Financial Officer must complete and sign Part B of this form, and send within six months from the date of the gift, to Quest Diagnostics Matching Gifts Program, P.O. Box 7586, Princeton, New Jersey 08543-7586

I hereby certify that a gift of:                      \$                      Cash or Securities                      No. of Shares                      Company

Tax-deductible Amount of Gift \$

Has been received by (legal name of eligible institution)                      Month/Day/Year

EIN#                      Fax

From (full name of donor)

**Certification:** I certify that this institution is tax-exempt as defined by the United States Department of the Treasury under Section 501(c)(3) of the Internal Revenue Code or an instrumentality of a federal, state or local government as provided by Section 170(c)(1) of the Code. I certify that the donor's gift does not represent payment of tuition, fees or services. This gift will not be used for religious or political purposes, or to fulfill any religious or political commitment. By my signature, we acknowledge that we anticipate receiving a matching contribution from the Quest Diagnostics Matching Gifts Program in the amount equal to the contribution from the individual whose name is set forth above.

Officer: Name (print)                      Title                      Financial Officer Signature (required)

Street Address                      Telephone (with area code)

City, State, Zip Code

## Questions?

Quest Diagnostics  
Matching Gifts Program  
P.O. Box 7586  
Princeton, New Jersey  
08543 - 7586

phone: 866.454.8211

fax: 609.799.8019

email: [QuestDiagnostics@EasyMatch.com](mailto:QuestDiagnostics@EasyMatch.com)

url: [www.EasyMatch.com/QuestDiagnostics](http://www.EasyMatch.com/QuestDiagnostics)

The Matching Gifts Program is sponsored by Quest Diagnostics to encourage financial support of eligible institutions operated for the common good. Quest Diagnostics will contribute \$1 for every \$1 gift made by Quest Diagnostics active, full-time employees.

*Guidelines Include:*

- The minimum gift is \$25.
- The individual maximum is \$5,000 per calendar year.
- Forms must be received by the Matching Gifts Program within six months of the date of the gift.

*Eligible Individuals:*

- Active, full-time employees.

*Eligible Institutions:*

Eligible institutions must be located in the United States or one of its possessions and be recognized by the Internal Revenue Service as tax-exempt and designated a public charity under Section 501(c)(3) of the IRS Code or as an instrumentality of a federal, state or local government as provided by Section 170(c)(1) of the Code.

Health Care Organizations and Hospitals

- *Health Care Organizations:* Organizations whose primary focus is the delivery of health care (e.g. Visiting Nurses Association, Community Health Centers, Rehabilitation Centers, Blood Banks) or to undertake medical research, public health education and treatment (e.g. Juvenile Diabetes Research Foundation, American Heart Association).
- *Hospitals:* Accredited non-profit hospitals.

Educational Institutions

Accredited educational institutions including public or private elementary, middle or high schools, junior colleges, colleges, universities, or professional schools. Non-profit programs whose mission is to provide curriculum enrichment services to local schools are also eligible.

*Eligible Gifts:*

Gifts must be in the form of cash, check, credit card, or marketable securities with a quoted market value. Gifts of securities are valued based on the average of the high and low on the date of the gift. No other form of personal or real property will be matched.

*Ineligible Gifts and Institutions*

*Gifts that are ineligible include:*

- Dues and subscription fees
- Gifts made in lieu of tuition or payment of service
- Tickets or payments for benefits functions
- Unpaid pledges (only paid contributions will be matched)
- Dues to alumni(ae) groups
- Contributions which result in you or a family member receiving a benefit (dinners, raffles, tournaments, etc.)

*The Quest Diagnostics Matching Gifts Program reserves the right to make final determination of eligibility on all gifts and institutions.*

*The Quest Diagnostics Matching Gifts Program will not match a gift that has already been or will be matched by another matching gifts program.*

*Institutions that are ineligible include:*

- Advocacy Groups
- Animal Shelters or Programs
- Arts and Cultural Organizations
- Athletic Teams
- Botanical Programs or Institutions
- Environmental Programs
- Educational Institutions which are restricted to non-educational programs
- Fraternal Organizations
- Historical Programs or Institutions
- Houses of Worship (Unless restricted to a non-sectarian health care project or hospital)
- Libraries (Unless related to an unrestricted gift to an eligible educational institution)
- Political Groups
- Public Television and Radio Stations
- Museums
- Religious programs whose principle purpose is propagating a particular faith, creed or doctrine
- Social Service Organizations that do not deliver health care
- Zoological Programs or Institutions

*Administrative Conditions:*

- Quest Diagnostics Matching Gifts Program reserves the right to audit institutional records and documents pertaining to this matching program and to request supporting donor documentation it considers necessary.
- Questions of interpretation, application or administration of the program shall be determined by the Quest Diagnostics Matching Gifts Program. Their determination shall be final. Matching Gifts forms may be obtained from the Quest Diagnostics Matching Gifts Program.
- Value of any membership fee, subscription, product, premium, ticket or other type of reimbursement must be deducted from the gift amount.
- Quest Diagnostics Matching Gifts Program may at any time amend or discontinue the matching program, but no amendment or discontinuance shall affect the obligation of the Program to match gifts made prior to such amendment or discontinuance.

*Additional Information:*

- For additional information, please contact:  
Quest Diagnostics Matching Gifts Program  
P.O. Box 7586, Princeton, New Jersey 08543-7586  
phone: 866.454.8211  
fax: 609.799.8019  
email: [QuestDiagnostics@EasyMatch.com](mailto:QuestDiagnostics@EasyMatch.com)  
url: [www.EasyMatch.com/QuestDiagnostics](http://www.EasyMatch.com/QuestDiagnostics)