



## Charitable Contribution Matching Funds Guidelines

### Information

ASHTA will designate funds that the Company will use to match employee contributions to qualified charitable organizations. ASHTA will match, dollar-for-dollar, on a first funded basis up to \$100 per employee.

### Organization Eligibility

Charitable organizations in the United States must be tax-exempt under section 501(c)(3) of the Internal Revenue Code.

The current list of eligible organizations includes, but is not limited to:

|                               |   |
|-------------------------------|---|
| American Cancer Society       | March of Dimes Foundation               |
| American Diabetes Association | Special Olympics                        |
| American Heart Association    | Susan G. Komen Breast Cancer Foundation |
| American Red Cross            | The Kidney Foundation                   |
| American Stroke Foundation    | The Leukemia & Lymphoma Society         |
| Big Brothers/Big Sisters      | Unicef                                  |
| Goodwill Industries           | Hospital Foundations                    |
| Make-A-Wish Foundation        | Accredited Colleges and Universities    |

If an organization you'd like to request matching funds for is not included in the list above but you would like for it to be considered you may submit your request to the Committee for review.

### Donor Eligibility

Active employees (full and part-time) are eligible to participate.

### Program Limitations

The minimum gift is \$25 per designated organization and must be paid in cash, check or credit card. The maximum gift total is \$100 per eligible donor per calendar year. The contribution must be a completed gift; pledges do not qualify.

### How to Request Matching Funds

If your gift was submitted online there will likely be a place to mark that your Employer participates in a matching fund program. The organization will then generate a matching funds request letter to ASHTA. After the Committee has received verification from the organization that your gift has been submitted, confirms that the organization qualifies for a matched contribution, and determines that the request complies with ASHTA's Mission Statement, a check will be forwarded to the organization by ASHTA.

If you have a form from the organization that you are including with your donation, similarly there may be a box to check indicating that your Employer participates in a matching fund program. The same verification procedure would be performed by the Committee.

In the event that a form from ASHTA is required to be submitted along with your donation, please fill out the attached ASHTA matching gift form and submit it to the organization with your gift.

Matching gifts will be processed monthly.

### Administration

If approved, ASHTA will send a letter and check directly to the charitable organization. You will also be notified of the approval.

This policy may be revised, suspended, or terminated at any time. The Committees' determination on any questions of interpretation, application, or administration shall be final.



Attention: Community Relations and Charitable Giving Committee  
P.O. Box 858  
Ashtabula OH 44004

## Charitable Contribution Matching Funds Request Form

|  |
|--|
| Employee/Donor: Fill in this section and submit the completed, signed form with your gift to the organization: |
| Date of Contribution:  |
| Employee Name:   |
| Name of Organization Receiving Donation:   |
| Address of Organization Receiving Donation:  |
| Amount of Employee Donation:   |
| Amount of ASHTA Matching Donation Requested:   |

### Employee Checklist

- ✓ Form is signed?
- ✓ Gift is \$25 or more?
- ✓ Gift Date entered?
- ✓ Organization name entered?
- ✓ Guidelines in policy have been reviewed?

I certify that my gift is a voluntary charitable contribution, made from my own personal resources. Donor's signature authorizes the recipient organization to report this gift to ASHTA Chemicals to apply for a matching gift.

|                     |       |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|

|   |           |                                |
|---|-----------|--------------------------------|
| Recipient Organization: Verify Donor section and complete this section. Submit form to ASHTA Chemicals at the address above within 60 days of receipt of gift from donor. |           |                                |
| Print Name of Officer Authorized to sign:   |           | Amount of Donor's gift:        |
| Title:  |           | Organization Telephone Number: |
| Organization Address:   |           | Employer Identification Number |
| City/State:   | Zip Code: | Website Address:               |

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:

|                                  |       |
|----------------------------------|-------|
| Signature of Authorized Officer: | Date: |
|----------------------------------|-------|

Contact our ASHTA Community Relations and Charitable Giving Committee at 440-997-6877 with questions.