

Cadence Design Systems, Inc.

Matching Gift Program Guidelines



The Cadence Design Systems Matching Gift Program was established in 1997 to support the interests and concerns of employees by allowing them to request corporate funds for nonprofit organizations they support with personal cash contributions.

WHO IS ELIGIBLE?

Cadence Design Systems, Inc. active, full-time regular Employees in U.S. & Canada with a minimum of 6 months service.

ELIGIBLE ORGANIZATIONS

Nonprofit organizations that are certified as tax-exempt by the Internal Revenue Service under Section 501(c)(3) and 509(a)(1,2 or 3) of the U. S. Internal Revenue Code.

Including:

- ♦ K-12 Education
- ♦ Higher Education
- ♦ Arts & Culture
- ♦ Health & Human Services
- ♦ Environmental
- ♦ Animal Rights/Welfare

INELIGIBILITY GUIDELINES

- ♦ Cadence Design Systems, Inc. temporary employees, agency temporaries, contractors or consultants, and employees on long-term disability.
- ♦ Fundraising sponsorships, fundraising event tickets, contributions which result in you or a family member receiving a benefit (i.e., dinner, raffle, and/or sporting event tickets, parking privileges, booster club dues, memberships, etc.)
- ♦ Religious organizations, such as churches, temples other houses of worship, or those whose main purpose is to foster a particular faith or creed. Gifts to seminaries, theological institutions and Bible colleges are also ineligible for matching funds.
- ♦ Fraternities, sororities, honor societies, campus organizations and political organizations.

- ♦ Tuition of student fees, subscription fees, dues, unpaid repayment of loans.
- ♦ Organizations whose policies are inconsistent with national equal opportunity policies or discriminate against a person or a group on the basis of race, ethnicity, religion, national origin, sex, disability, gender, political affiliation or age.

If you are uncertain about whether an organization qualifies for a matching gift, or have any questions about the program, contact the Matching Gift Coordinator toll free at: 888/416-0562.

FUNDING

The minimum matching gift request is \$25, the annual Maximum per employee is \$500. Eligible applications must be received from the 501(c)(3) organization within 60 days of the donor's gift.

Gifts will be matched quarterly per the following schedule:

Received by:	Mar 1	Paid by:	April 15
	Jun 1		July 15
	Sep 1		Oct 15
	Dec 15		Jan 31

FOR MORE INFORMATION CONTACT:

Cadence Design Systems, Inc.
Matching Gift Program
P. O. Box 8498
Princeton, NJ 08543-8498
Phone: 888/416-0562
Fax: 609/799-8019
E-mail: CadenceMGP@easymatch.com

All questions concerning the interpretation, application or administration of the Matching Gift Program will be decided upon by Cadence Design Systems, Inc. Cadence reserves the right to alter or terminate the Plan with suitable notice to employees or decline to match a contribution.

Cadence Design Systems, Inc. Matching Gift Program Request Form



INSTRUCTIONS

Donor:

- ◆ Complete Part 1 of this form – one for each gift. *Please print or type.*
- ◆ Send the form and a copy of the program guidelines with your contribution to the recipient organization.

Recipient Organization:

- ◆ Verify receipt of gift.
- ◆ Complete Part 2 of this form. *Please print or type.*
- ◆ If this is your first matching gift request to Cadence Design Systems, Inc., enclose a copy of your Internal Revenue Service 501(c) tax status certificate.
- ◆ Forward form to the address printed below.
- ◆ Form must be received by us within 60 days of the date of gift.

PART 1 - DONOR SECTION

Donor Information:

EMPLOYEE NAME

E-MAIL ADDRESS

SOCIAL SECURITY NUMBER

HOME ADDRESS

CITY/STATE/ZIP

BUSINESS TELEPHONE, INCLUDING AREA CODE

\$	\$	
AMOUNT OF GIFT (MIN \$25)	DATE OF GIFT	AMOUNT OF MATCH REQUESTED (MIN \$25)

NAME OF INSTITUTION

CHAPTER NAME (IF ANY)

INSTITUTION CITY, STATE

RESTRICTION OR PURPOSE (IF ANY)

I certify that neither I nor my family will derive any direct or indirect financial or material benefit from this contribution. I certify that this contribution does not represent payment for tuition, services or other personal financial obligations. I have read and understood the guidelines of the Cadence Design Systems, Inc. Matching Gift Program.

EMPLOYEE SIGNATURE DATE

PART 2 - RECIPIENT SECTION

CHECK ONE: 501(c) Letter Enclosed
 501(c) Letter Previously Sent

EMPLOYER IDENTIFICATION NUMBER (EIN)

ORGANIZATION NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE, INCLUDING AREA CODE FAX, INCLUDING AREA CODE

E-MAIL AND WEBSITE ADDRESSES (IF ANY)

\$	\$	
AMOUNT OF GIFT	DATE OF GIFT	TAX DEDUCTIBLE GIFT AMOUNT

I hereby certify that this organization/program meets the eligibility requirements of the Cadence Design Systems, Inc. Matching Gifts Program, and that the donor nor Cadence will derive any personal material benefit from this gift or match.

AUTHORIZED OFFICER'S NAME/TITLE (PLEASE PRINT)

SIGNATURE OF AUTHORIZED OFFICE DATE

MAIL COMPLETED FORM AND ANY REQUIRED ENCLOSURES TO:

Cadence Design Systems, Inc.
 Matching Gifts Program
 P.O. Box 8498
 Princeton, NJ 08543-8498

 Phone: 888/416-0562
 Fax: 609/799-8019
 E-mail: CadenceMGP@easymatch.com