

# CITGO Petroleum Corporation

Matching Gift Program  
P.O. BOX 4689  
Houston, Texas 77210



## Section A: To be completed by Eligible Contributor

Please read the guidelines carefully. Print or type all information clearly. Incomplete Forms will be not processed. Provide this entire Form to the Eligible Recipient to complete Section B.

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_ Location: \_\_\_\_\_  
*Last First M.I.*

Contributor Type:  Employee  Retiree Payment Type:  Credit Card  Check  Cash

Address: \_\_\_\_\_  
*Street Address, Apartment/Unit #, City, State, Zip Code*

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Eligible Recipient Organization: \_\_\_\_\_

Contribution Amount \$ \_\_\_\_\_ which only \$ \_\_\_\_\_ is eligible to be matched (See "Exclusions") or shares of \_\_\_\_\_ having a quoted market value of \$ \_\_\_\_\_.

### CERTIFICATION OF CONTRIBUTOR

I certify that I am an Eligible Contributor as defined in the CITGO Matching Gift Program requirements and that I have read the Program requirements. I further certify that this contribution and the recipient organization meet all of the Program requirements. This contribution is a voluntary contribution and does not represent in any way a fee for a service or benefit for me or any member or my family.

\_\_\_\_\_  
SIGNATURE OF ELIGIBLE CONTRIBUTOR DATE

## Section B: To be completed by Eligible Recipient

Please read the Program requirements and complete this Section. If your organization has not previously participated in the CITGO Matching Gift Program within the last two years, please provide the following information:

1. Copy of the current 501(c)(3) letter from the IRS | 2. Accrediting association letter, if applicable | 3. W-9 Form

Eligible Recipient Organization: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ *Street Address, Unit #, City, State, Zip Code.*

Donor Name: \_\_\_\_\_ Date of Gift: \_\_\_\_\_ Eligible Gift Amount: \$ \_\_\_\_\_

Is the organization a member of United Way?  Yes  No Area of Membership: \_\_\_\_\_

### PAYMENT INFORMATION

CITGO makes all contribution payments through electronic fund transfers. Please provide the organization's banking information:

BANK NAME: \_\_\_\_\_ ROUTING #: \_\_\_\_\_ ACCOUNT: \_\_\_\_\_

### CERTIFICATION OF ELIGIBLE RECIPIENT

I certify that the contribution described above was received by this organization. I further certify that I have read the requirements of the CITGO Matching Gift Program as cited on this Form, that this organization is an Eligible Recipient organization and that this contribution meets all the requirements under the Program.

\_\_\_\_\_  
AUTHORIZED SIGNATURE PRINT NAME TITLE / AUTHORIZED OFFICIAL DATE

Mail the completed Form (and if appropriate, the necessary documentation) to the address listed at the top of the Form.  
Questions? Please visit [www.HR.CITGO.com](http://www.HR.CITGO.com)

## PURPOSE OF PROGRAM

The Matching Gift Program ("Program") of CITGO Petroleum Corporation ("CITGO") gives employees the opportunity to direct Company contributions to civic/community, cultural/artistic, education, environmental, health/human services and public broadcasting organizations.

Under the Program, CITGO will match, dollar for dollar, contributions made by "Eligible Contributors" to "Eligible Recipients" subject to the following conditions and definitions.

## ELIGIBLE CONTRIBUTORS

The following are eligible to participate in the Program: employees, retirees, officers and directors of CITGO or any of its U.S. subsidiaries.

## INSTRUCTIONS

The Eligible Contributor must complete Section A and provide the entire Form (including this page) with his/her gift, to the Eligible Recipient.

An authorized official of the Eligible Recipient must complete Section B, and mail it to the CITGO address as shown. CITGO will review Sections A and B and upon confirmation of eligibility, authorize a matching gift to the Eligible Recipient. The Eligible Contributor will receive a letter of notification from CITGO when a matching gift is issued after the close of each calendar quarter.

**IMPORTANT:** Both sides of the Matching Gift Program Form must include original signatures, and must be forwarded to Eligible Recipient who will then fill out Section B and return the Form (if appropriate, the necessary documentation stated in Section B) to the CITGO Matching Gift Program Coordinator, P.O. BOX 4689, Houston, Texas 77210.

## ELIGIBLE RECIPIENTS

Subject to the exclusions and other requirements specified herein, the following are eligible to receive a matching gift through the Program:

1. Universities, colleges, primary, secondary and special education schools, technical institutes provided they are:

- Located within the United States or one of its possessions; and
- Accredited or approved by a nationally recognized accrediting agency, the State Department of Education, or a State University.

2. Artistic and cultural organizations, including libraries, museums, zoos, performing arts groups, public broadcasting, community arts organizations and literary, historical or other cultural associations.

3. Organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code that are operated exclusively for charitable, scientific or educational purposes, or for the prevention of cruelty to children or animals.

## ELIGIBLE GIFTS

Only charitable contributions will be matched. The minimum individual "Eligible Gift" to be matched under the Program is \$25. The maximum aggregate annual amount per Eligible Contributor is \$500. The contribution must be a personal gift of the Contributor. It may be in cash, check, credit card, or securities that have a quoted market value. To further its commitment to corporate social responsibility, CITGO reserves the right to review organizations receiving matching funds and request documentation verifying receipt of donations from Eligible Contributors. In addition to the Exclusions and requirements specified herein, CITGO reserves the right to not match contributions to any Eligible Contributors whose purposes or programs are not aligned with the CITGO corporate social responsibility principles and objectives.

## EXCLUSIONS

Types of contributions or payment forms that are not eligible for the Program:

• Dues	• Tuition
• Membership Fees	• Subscription Fees
• Insurance Premiums	• Pledges
• Personal Property	• Real Property
• Ticket Subscriptions	

Non-exclusive list of organizations that are excluded from the Program and meaning of "Eligible Recipient":

• Political	• Sectarian
• Fraternal	• Professional
• Veteran	
• Religious (Other than accredited educational institutions)	
• Member Agencies of United Way that receive CITGO corporate matching funds	
• Organizations that are, or whose owners, principals, managers, officers, members and/or affiliates are: (1) listed as, or supporters of, any Specially Designated Nationals or (2) otherwise blocked persons by the United States' Federal Government's Office of Foreign Assets Control, including on the lists contained at the following web addresses: <a href="http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx">www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx</a> ; <a href="http://www.state.gov/j/ct/list/index.htm">www.state.gov/j/ct/list/index.htm</a> ; <a href="http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx">www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx</a>	

## ADMINISTRATION

CITGO reserves the right to modify, amend, revoke, or terminate the Program at any time. All questions relating to the interpretation, eligibility criteria, application or administration of the Program shall be determined by CITGO, and its decisions are final. Written requests for forms or additional information regarding the Program may be sent to:

**CITGO Petroleum Corporation**  
**Matching Gift Program Coordinator**  
**P.O. BOX 4689**  
**Houston, Texas 77210**  
**CITGOgovpa@CITGO.com**