



# MATCHING FUNDS REQUEST FORM

## **Mission:**

Through the Partnership for Giving, Merck helps employees and retired employees support community efforts and organizations that are important to them. Working together, Merck and its active and retired employees will help build strong and caring communities by helping those in need, promoting a healthier society, advancing education, and fostering the arts.

## **Organization Eligibility**

Health and Human Services agencies, whose primary mission is to provide a health and human service, educational institutions (K–12 and higher education accredited by a nationally recognized accreditation association agency or by state departments of education), and arts and culture organizations are supported through the Partnership for Giving (P4G). These organizations must be described in sections 501(c)(3) and 509(a) or be instrumentalities of federal, state, or local government as provided by section 170(c)(1). The organizations must be based in the United States. For more detailed information on eligible organizations, please call the P4G at 1-866-205-2857 or refer to the P4G guidelines on the website: [www.merckp4g.com](http://www.merckp4g.com).

## **Donor Eligibility**

Active US and Puerto Rico–based employees (full- and part-time), retired US employees, and members of Merck’s board of directors are eligible to participate in the Partnership for Giving.

## **Program Limitations**

The minimum gift is \$24 per designated organization. Donations of less than \$24 per organization will not be matched by Merck. There is no maximum gift total. However, **the maximum gift total that will be matched is \$30,000** per eligible donor per calendar year. Matching funds are made on an unrestricted basis even though you may designate how you want your personal gift used.

## **Gifts That Will Not Be Matched Through the P4G**

Payments such as the following are not eligible for matching funds through the P4G: Bequests and deferred giving plans; combined gifts from a group of people represented as one gift from an eligible donor; dues payable to alumni groups or subscription fees for publications; gifts of real estate or other property (except securities); gifts given

through a third party or gifts given to an educational institution or hospital as a way of supporting a third-party organization (e.g., athletic, religious, or social organization); gifts intended to fulfill a person’s pledges, tithes, or other church-related financial commitments; gifts to support extracurricular activities such as athletics (including athletic clubs), marching bands, and yearbooks; premium payments for insurance with the institution named as a beneficiary; payments of tuition or other fees; pledges not paid; gifts to environmental, animal welfare, rifle, civic, and economic development organizations; gifts to houses of worship; gifts to support capital expenditures.

## **How to Request Matching Funds**

Fill out Part A of this form and mail with your contribution to an eligible organization. When your gift is received, the responsible financial officer or his/her delegate of the organization will certify/confirm Part B and return the form to: **Merck Partnership for Giving, PO Box 7219, Princeton, NJ 08543-7219.**

After verification that your gift has been received and that the organization qualifies for a matched contribution, a check will be forwarded to them by The Merck Company Foundation identifying you as the donor. Matching gifts are processed quarterly. An annual statement will be sent to you at the end of the first quarter of the following year.

## **Administration**

The Partnership for Giving reserves the right not to match gifts to any organization that it may determine is not an appropriate recipient for charitable funds. The Partnership for Giving may be revised, suspended, or terminated at any time at the option of The Merck Company Foundation. Its determination on any questions of interpretation, application of provision, or administration shall be final.

**Questions? Call toll free: 1-866-205-2857 or send e-mail: [merckp4g@easymatch.com](mailto:merckp4g@easymatch.com)**

**Alert:** The Office of Foreign Assets Control has identified certain charitable organizations that have links to terrorist activities. Please visit [www.merckp4g.com](http://www.merckp4g.com) for a list of SDNs or suspected SDNs.

## Part A. To Be Completed by Donor and Mailed to Organization With Gift.

(forms must contain original signatures)

### Required Donor Information

Name		
Street Address		
City	State	ZIP
WIN No. (if you don't have your WIN, please call 1-866-MRK-HR4U)		
E-mail Address (optional)		

### Gift Data

Name of Organization Receiving Gift		
City	State	ZIP
Amount	Exact Date of Gift	
or Shares of Stock (include number of shares and company name)		
Program Designation, if any, and/or name for whom gift is made		

I certify that my gift is a voluntary charitable contribution, made from my own personal resources and not from gifts or loans from any other person or organization. In addition, as a charitable contribution, my gift does not represent in any way payment for tuition, membership dues, subscription fees, or payment in exchange for benefits received, nor is it given because I expect some monetary or other benefit to be given to me or to any other person or organization named by me. In addition, my gift should not be used for religious or political purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Part B. To Be Completed by Recipient Organization and Returned to the Merck Partnership for Giving.

(forms must contain original signatures)

I confirm that the above gift was received and that this organization is tax exempt under 501(c)(3) of the US Internal Revenue Code. I further confirm that no direct, tangible benefit will accrue to the donor, to any member of their family, or to any third party as a result of this gift and it will be used to support the charitable objectives of the organization.

Name and Title of Financial Officer	Gift Amount	Tax-Deductible Gift Amount	
Signature of Financial Officer or Delegate (signature must be original)	Phone No.	Fax No.	
Organization			
Street Address or Room/Building	City	State	ZIP
EIN No.			
E-mail Address			
Website Address			

**This form must be forwarded by the recipient organization to the Merck Partnership for Giving within 180 days of receipt of donor's contribution to be eligible for matching funds.**

***If you have any questions or need additional information, please contact us:***

Merck Partnership for Giving, PO Box 7219, Princeton, NJ 08543-7219

Phone: 1-866-205-2857 • Fax: 1-609-799-8019

E-mail: [merckp4g@easymatch.com](mailto:merckp4g@easymatch.com) • Website: [www.merckp4g.com](http://www.merckp4g.com)