

# American Express Gift Matching Program

An initiative of American Express Foundation

# How To Match

## Who is Eligible

- Full or part-time (at least 20 hours/week) employees with twelve consecutive months of service at American Express Company or one of its business units and who participate in a standard American Express benefit package.
- Retirees who were age 55 years or older with ten years or more of service with American Express at retirement.
- Current non-employee directors of American Express Company.

## What is Eligible

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

Eligible organizations and contributions include:

- Public and private colleges, universities, junior colleges, secondary and elementary schools. Nursery schools and kindergartens if they are part of a qualified elementary school. Alumni associations must have a 501(c)(3) and 509(a)(1, 2 or 3) letter separate from the school.
- Scholarship funds, public radio and TV stations.
- Environmental, child care, literacy, AIDS and drug prevention programs; hospitals and health care organizations; museums, libraries, performing and visual arts organizations, botanical, historical, zoological and literary societies.
- Contributions out of a charitable gift, donor advised, community foundation or family fund to an eligible nonprofit distributed from an established fund set up by the employee in his or her name.
- Ongoing and independently run programs affiliated with religious organizations if the gift is restricted to a nonsectarian project that provides needed social services to the community at large on a nondiscriminatory basis without any religious teaching, directive or requirements to receive services (e.g., a soup kitchen, a homeless shelter, a food bank, etc.).

## What is Not Eligible

- Contributions from spouses, consultants, interns and temporary employees.
- Contributions which result in you or a family member receiving a benefit (e.g., boosters, auction items, dinner, raffle and/or sporting event tickets, dinner/journal ads, sponsorships, golf tournaments (including participation), parking privileges, memberships, tuition, etc.).
- Gifts to houses of worship (e.g., churches, synagogues, etc.).
- Contributions to religious programs or organizations whose principal purpose is propagating a particular religious faith, creed or doctrine (e.g., ministries, missions, church planting projects, religious orders, etc.).
- Dues and subscription fees.
- Gifts to fraternities, sororities, their affiliated foundations, political organizations and individuals.
- Grouped and pooled donations (e.g., contributions made by a group of employees or other persons, and claimed as one gift from a single eligible donor).
- Contributions earmarked to an already established or to establish an employee's charitable gift, donor advised fund, community foundation or family fund.
- Deferred gifts (e.g., annuities, charitable remainder trusts, etc.), bequests and insurance premiums that name the organization as beneficiary.
- Tuition fees, loan repayments and payments in lieu of tuition.
- Organizations, private foundations or programs that fund terrorist groups or activities.

## How to Contribute

- Contributions must be a **personal** donation (not made from a business account or merely pledged) of at least \$25, in check, credit/charge cards, money orders or negotiable securities (securities will be valued at the average price on the gift date). *Any short- or long-term pledge made to a nonprofit should be paid by your personal contribution only, and not include matching funds, e.g., a \$2,000 pledge should not include the \$1,000 gift matching contribution.*
- Employees must complete part **A** of the form and forward it, along with the contribution, to the nonprofit organization.
- The nonprofit organization must complete part **B** and return the form to the address designated on the back. For contributions of \$1,000 or more, the organization must provide satisfactory substantiation of the gift: copy of check or money order, credit/charge card receipt or evidence of securities transfer.

**Forms must contain original signatures. Completed forms received from the nonprofit organization will be batched and processed in the following estimated timeframe:**

RECEIVED BY	2/28	5/31	8/31	11/30
PROCESSED BY	3/31	6/30	9/30	12/31

## How the Match Works

The American Express Foundation will match up to a maximum of \$8,000, per calendar year, per employee, to any number of eligible organizations. Contributions made in a calendar year will be applied toward your gift matching maximum for the same calendar year. Forms must be submitted and received for matching within six months of the date of gift.

**As part of the \$8,000 match**, to recognize employee volunteerism, the Foundation will double match with a Volunteer/Board Service Match up to \$1,000 annually of your contributions if you currently serve on the board of directors or have volunteered 50 hours or more during the past 12 months to the organization.



If you serve as a board member or have volunteered 50 hours or more during the past 12 months, you can choose to have your contributions double matched. (2:1)

CONTRIBUTION	COMPANY MATCH
Min \$25	Matched min \$50
Max \$1,000	Matched max \$2,000

\* The maximum combined Foundation match is \$8,000 per calendar year, per employee. For example: If you contribute \$600 to an organization at which you volunteered 60 hours, the Foundation match will be \$1,200; your remaining balance is \$6,800. If you then give \$3,000 to an educational institution where you do not volunteer or are on the board, the Foundation match will be \$3,000, with a calendar year balance of \$3,800.

The American Express Foundation, in its sole discretion, reserves the right to discontinue, audit, amend or decide any questions of eligibility under the Gift Matching program. Its decisions on these matters are final.

## A Note to Employees

This program is meant to encourage **personal** contributions and not to support direct business development. Contributions made from a business account are considered business contributions. Also, you cannot use this program to support sponsorship commitments for golf tournaments, auctions or any other events or projects, nor can you claim a business deduction for these contributions. It is important to make this distinction because of IRS regulations. **In addition, organizations will be sent and required to complete an American Express compliance form. Failure to complete this form will result in declination of the match.**

Abuse of this program will result in permanent termination of your gift matching privileges and may lead to other disciplinary action.

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# Form

Please print or type. Failure to complete any part of this form will result in significant delays.

**A**

## To Be Completed By Employee

Employees must complete part **A** only. Mail this form, together with your contribution, to the nonprofit organization.

EMPLOYEE I.D. # \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: ( ) - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

DIVISION NAME: (Check One)

STATUS: (Check One)

AXP BANK (AEB)

FULL-TIME

CORPORATE HQ (CHQ)

PART-TIME (AT LEAST 20 HOURS/WK)

TRAVEL RELATED SERVICES (TRS)

RETIREE

OTHER: \_\_\_\_\_

NON-EMPLOYEE DIRECTOR OF AXP

WORK SITE: (Check One)

FT. LAUDERDALE

GREENSBORO

NEW YORK

PHOENIX

SALT LAKE CITY

OTHER: \_\_\_\_\_

TAX-EXEMPT ORGANIZATION NAME: (Required) \_\_\_\_\_

RESTRICTION OR PURPOSE OF GIFT: (If any) \_\_\_\_\_

MONETARY CONTRIBUTION: \_\_\_\_\_

PAYMENT METHOD FOR GIFT:

CHECK

CREDIT CARD

STOCK

# OF SHARES \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

REQUESTED FOUNDATION MATCH \_\_\_\_\_

I AM REQUESTING A:

SINGLE MATCH

DOUBLE MATCH

(I currently serve on the board of directors or have volunteered 50 hours or more during the past 12 months to this organization.)

(Note: check both if you qualify for a double match and your contribution exceeds \$1,000.)

### I hereby certify that:

- In the case where I have requested the Foundation to DOUBLE MATCH (Volunteer/Board Service match) my contribution, I have served on the board of directors or volunteered 50 hours or more during the past 12 months to this organization.
- The above donation is entirely **my personal contribution**, not made from a business account or not in whole or in part the gift of another individual or the sum of the gifts of other individuals.
- All information is accurate, contributions are **not in lieu of tuition, fees or other personal obligations**, and **neither I nor a family member has received any personal benefits in exchange** (e.g., boosters, auction items, dinner, raffle and/or sporting event tickets, sponsorships, golf tournaments, parking privileges, memberships, etc.).
- To the best of my knowledge this nonprofit, its staff and its programs conform to the eligibility guidelines of the American Express Gift Matching program and do not in any way fund or assist terrorist groups or activities.

I understand that abuse or failure to comply with any of the above may result in permanent termination of my gift matching privileges and may lead to other disciplinary action.

SIGNATURE: \_\_\_\_\_ DATE OF GIFT \_\_\_\_\_  
(Required)

**B**

## To Be Completed by Nonprofit Organization

The **nonprofit organization** must fill out part **B** and forward the form to the American Express Gift Matching program at the address below.

**NOTE:** Please attach a copy of your IRS Federal Tax Exempt Letter and a brochure describing your programs and mission. In addition, organizations will be sent and required to complete an AXP compliance form every 24 months. Failure to complete this AXP compliance form will result in declination of the match.

TAX-EXEMPT ORGANIZATION NAME: (Required) \_\_\_\_\_

FEDERAL TAX I.D. (9-DIGIT EIN#) \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: ( ) - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

MONETARY CONTRIBUTION: \*\$ \_\_\_\_\_

\* If the gift is **\$1,000 or more**, in order for this form to be processed you must provide satisfactory substantiation: copy of check or money order, credit/charge card receipt or evidence of securities transfer.

GIFT DATE: (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

RESTRICTION OR GIFT DESIGNATION: (If Any) \_\_\_\_\_

TAX DEDUCTIBLE AMOUNT: (Required) \$ \_\_\_\_\_

### I hereby certify that:

- We received the above stated contribution from the above employee and that the donation represents a charitable contribution and the donor derives no material benefit (e.g., boosters, auction items, dinner, raffle and/or sporting event tickets, dinner/journal ads, sponsorships, golf tournaments (including participation), parking privileges, memberships, tuition, etc.) as a result of this gift.
- **In the case when a DOUBLE MATCH (Volunteer/Board Service Match) has been requested this employee has served on the board of directors or has volunteered 50 hours or more during the past 12 months to this organization.**
- This gift is not, in whole or in part, the gift of another individual or the sum of gifts of other individuals.
- This organization complies with the eligibility guidelines of the American Express Gift Matching program and adheres to accepted financial and record-keeping practices and will furnish upon request an annual report, financial statements or a list of subcontractors and affiliates.
- This organization takes reasonable steps to ensure that grant funds or resources are not ultimately distributed to terrorist organizations or used to support terrorist activities.

I understand that abuse or failure to comply with any of the above may result in permanent termination of the organization's gift matching privileges.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
(Required)

If you have any questions, contact the American Express Gift Matching Program toll-free at 888-297-6282.

Mail completed form to: American Express Gift Matching Program, P.O. Box 3409, Princeton, NJ 08543-3409