

# The Timken Company Charitable and Educational Fund, Inc.

## Matching Gift Program Guidelines

To encourage and support the generosity and community involvement of Timken associates, The Timken Company Charitable and Educational Fund, Inc. ("The Timken Fund") Matching Gift Program provides matching funds to approved charitable organizations that associates personally support. This Program allows the company to broaden its support for charitable organizations while giving associates the opportunity to increase the impact of their contribution.

### Who Can Participate

- **All active U.S. employees and directors of The Timken Company and its wholly-owned U.S. subsidiaries.**
- **Ineligible Donors:** Retired employees, contingent workers and relatives of associates.

### Contribution Limits

- The Timken Fund Matching Gift Program has a yearly cap determined annually by The Timken Fund Board of Trustees.
- The individual minimum associate donation is \$50.
- The individual associate cap is \$500 per year.

### Gift Eligibility Rules

- Minimum charitable gift to be matched is \$50 with an aggregate maximum gift match of \$500 annually per associate.
- Only the tax-deductible portion of the associate gift will be matched.
- Gifts may be made via cash, check, credit card or stock (with an established market value determined by the average price on the day the gift is made).
- Gifts to be matched must be personal contributions actually made, not pledged.
- Gifts must be made by an individual. Gifts made collectively by a group are not eligible.
- Tuition and dues to educational institutions, even if such institutions are otherwise approved, are not eligible.

### Eligible Recipient Organizations

- Eligible recipient organizations for this Program are United States tax-exempt public charities described in Section 501(c)(3) of the Internal Revenue Code, are also described in Section 509(a)(1) or (a)(2) of the Internal Revenue Code and that have been approved by the Fund upon verification. (Note: The Fund does not match associate gifts to United Way; such contributions are subject to a separate type of match and are excluded from this program.)

### Ineligible Recipient Organizations

- Political or religious organizations.
- Organizations organized and operated outside of the United States.

### How the Program Works

#### The donor should:

- Complete Part 1 of the Matching Gift Request Form.
- Mail completed form with original signature to the approved recipient organization along with your gift.  
(*Faxed or scanned copies will not be accepted.*)

#### The recipient organization should:

- Complete Part 2 of the Matching Gift Request Form.
- The authorized officer of the recipient organization must verify the donation, sign and return the original form, along with a copy of its 501(c)(3) IRS determination letter, to The Timken Matching Gift Program, Attn: Debbie Trubatch, Mail Code: WHQ-02, 4500 Mount Pleasant St. N.W., P.O. Box 6929, North Canton, OH 44720.

#### Eligible gifts will be processed monthly.

Matching gift requests **must be received within 6 months of the gift date**. Requests received after that time will not be matched.

### Other General Rules

The Timken Fund reserves the right, in its sole discretion, not to match any particular gift to any organization, and to determine which organizations are eligible recipient organizations for the purposes of this Program. The Timken Fund also reserves the right to limit the amount of money it will contribute to the Matching Gift Program in any calendar year; to amend or terminate this Program at any time and to make such interpretation in the administration of this Program as may be required.

For more information, please contact The Timken Fund Matching Gift Program at [matchinggifts@timken.com](mailto:matchinggifts@timken.com) or 234.262.3777.

**The Timken Company Charitable and Educational Fund, Inc.  
Matching Gift Request Form**



**Donor:**

1. Complete Part 1 of the form.
2. Send this form and a copy of the Matching Gift Program Guidelines to the charitable organization along with your gift.

**Recipient Organization:**

1. Verify the gift & complete Part 2 of the form.
2. If this is your first time requesting a matching gift with The Timken Company Charitable and Educational Fund, Inc., please enclose a copy of your 501(c)(3) IRS determination letter.
3. Forward to the address below.

***Faxed or scanned copies will not be accepted.***

**Part 1 – Donor Section**

Donor Name \_\_\_\_\_ Timken Location: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Recipient Organization \_\_\_\_\_

Type of Gift:  Cash  Check  Credit Card  Stock: \_\_\_\_\_ shares of \_\_\_\_\_

Exact date of gift \_\_\_\_\_ Amount of Gift (minimum \$50) \_\_\_\_\_ Amount to be Matched (max \$500) \_\_\_\_\_

I certify that neither my family nor I will derive any direct financial or material benefit from this contribution. I authorize the above-named recipient organization to report this gift to The Timken Company Charitable and Educational Fund, Inc. for the purpose of applying for a matching gift. I certify that my gift is a voluntary contribution that fully complies with the provisions of the program described herein and does not represent in any way a fee for services or benefit. Any misrepresentation by me in the statements made herein will render this gift ineligible for any matching contributions and, in addition, may result in violations of the law. In addition, I certify that I have not been nor will be reimbursed by anyone for this contribution. I have read and understood the guidelines of The Timken Company Charitable and Educational Fund, Inc. Matching Gift Program.

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part 2 – Recipient Organization Section**

Organization Name \_\_\_\_\_ EIN \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Web Address \_\_\_\_\_

Date Gift Received \_\_\_\_\_ Amount of Gift \_\_\_\_\_ Tax-deductible Amount \_\_\_\_\_

I certify that I have read and understood the guidelines of The Timken Company Charitable and Educational Fund, Inc. Matching Gift Program. This organization meets the eligibility requirements of the Program. The contributions will not be used for political, religious or other ineligible purposes set forth in the guidelines. The contributor will derive no personal material benefit from this gift or match. This organization is a tax-exempt public charity. This organization is in full compliance with the anti-terrorism laws under the USA Patriot Act. In addition, by counter-signing this Matching Gift Request Form, I agree that this organization will not promote or engage in violence, terrorism, bigotry or the destruction of any state, nor will it make sub-grants to any entity that engages in these activities. I am authorized to attest to the above statements and have sufficient knowledge to do so.

Authorized Officer's Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed form to:**  
The Timken Matching Gift Program  
Attn: Debbie Trubatch, Mail Code: WHQ-02  
4500 Mount Pleasant St. N.W.  
P.O. Box 6929, North Canton, OH 44720

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