



2025 Delta Dental of Kansas Matching Gift Application: Participating Dentist

The Delta Dental of Kansas (DDKS) Matching Gift Program encourages eligible Participating Dentists to become personally involved in the well-being of the communities in which they live and work by contributing to qualifying charitable organizations of their choice. This voluntary program matches financial donations, up to \$100.00 (per person, per calendar year) to an eligible non-profit organization.

HOW IT WORKS

1. Review the program guidelines (below) to confirm your application is eligible.
2. Make an eligible* (see qualifications below) contribution in the form of an unrestricted financial gift to a qualified charitable organization.
3. Complete Section 1 of the application and attach/enclose the eligible charitable organization's receipt from your donation.
4. If approved, DDKS will pay the matching gift directly to the organization.
5. When the gift is paid, you will receive notification via email.

ELIGIBLE PARTICIPANTS

Any DDKS Participating Dentist, within the current Plan Year, is eligible to participate.

ELIGIBLE ORGANIZATIONS

Any non-profit charitable health care, education, civic or cultural organization is eligible for the Matching Gift Program provided it is **located in Kansas, recognized as a tax-exempt organization by the Internal Revenue Service under Section 501(c)(3)** and is not listed within the restricted/non-eligible lists below. U.S. (local and/or state) government owned and operated entities such as public schools, publicly owned and operated museums, public libraries and zoos are also eligible.

*ELIGIBLE GIFTS

- In all cases, a donor's gift must be a charitable contribution under the IRS rules.
- Gifts must be current contributions made directly by the donor to the eligible organization from the donor's own assets. Gifts must be made, not merely pledged.
- An eligible gift is a cash gift (cash, check or credit card), and not a gift of securities or other property.
- The minimum eligible gift is \$25.00 and the maximum eligible gift is \$100.00 (per person, per year).
- Please note that neither Delta Dental of Kansas, the Participating Dentist/donor, nor any member of their family may directly or indirectly benefit as a result of the matching gift.

RESTRICTIONS AND NON-ELIGIBLE GIFTS *(Please note, this list may be expanded or amended at any time.)*

- Gifts that do not have a 501(c)(3) exemption, except for public schools and U.S. local and state government owned and operated entities.
- Political organizations (partisan organizations or those supporting specific candidates or legislation).
- Religious organizations (churches, synagogues, mosques, ministries, seminaries and other houses of worship) or other organizations primarily promoting religious purposes. Other faith-based community service organizations may be considered eligible if they serve a secular purpose (such as a food pantry, homeless shelter), do not require participating in prayer, worship or religious activities as a condition of receiving services(s) offered, and do not use the individual donation or resulting match for religious purposes.
- Private or family foundations, personal trusts or fraternal organizations.
- Individual, family, or group memberships in organizations.
- Pooled funds from a number of individuals.
- Amounts paid as dues or subscription fees for publications.
- Payments that cover the costs of services, tuition, books and student fees or alumni dues.
- In-kind services, materials, supplies or pledges.
- Funds collected for selling fundraising items such as calendars, candy bars, raffle tickets, etc.
- Insurance premium payments.
- Payments to satisfy legal obligations.
- Tickets to benefit dinners or events.
- Gifts made to Donor Advised Funds.
- Gifts made to student athletic scholarship funds/organizations where the donor receives either points or discounts towards the purchase of or actual sporting event tickets as a result of the donation.

MATCHING CATEGORIES

Eligible cash gifts to organizations will be matched, up to \$100.

MATCHING GIFT SCHEDULE

Matching gift checks are issued as requests are received. However, all 2025 donations must be matched in 2025. Please provide your application and receipt by December 31, 2025 to be considered for a 2025 matching gift.

Delta Dental of Kansas may amend or terminate this Program at any time. The terms and conditions of this Program, and how it is administered, will be interpreted by Delta Dental of Kansas at its sole discretion.

Delta Dental of Kansas does not discriminate in accordance with federal law.

Delta Dental of Kansas reserves the right, in its sole discretion, to discontinue funding and to demand the return of the matching gift grant amount, or any portion thereof, and any income earned thereon, if you provide Delta Dental of Kansas with any false or misleading information or make any representations in connection with this request for a matching gift.

Delta Dental of Kansas regularly evaluates the program to ensure the process adheres to stated guidelines and our commitment to corporate citizenship, including periodic reviews of organizations receiving matching funds from our programs. Organizations selected for review may be required to provide documentation verifying receipt of individual donations for each participant.

If you have questions, please contact DDKS' Community Benefit Department at corpcomm@deltadentalks.com.



Delta Dental of Kansas Participating Dentist ("Donor") Instructions:

Complete Section 1 of this document and attach/enclose the eligible charitable organization's ("Organization") receipt from your donation.

Submit this completed application, as well as your donation receipt, to DDKS Community Benefit via email: corpcomm@deltadentalks.com, fax: or mail: 1619 N. Waterfront Parkway, P.O. Box 789769, Wichita, KS 67278-9769.

Please Note: Application deadline is December 31, 2025, to be considered for 2025 matching gifts.

Section 1: Donor and Gift Information

A. Donor Information:

Donor's Name: _____ Phone: _____

Mailing Address: _____ City: _____ St: _____ ZIP: _____

Email*: _____

(*Required – Delta Dental will email confirmation of receipt and matching donation.)

B. Gift Information:

Amount of Donor's gift: \$ _____ Attach a copy of a receipt provided by the organization as proof of donation. (Review the ELIGIBLE GIFTS and RESTRICTIONS/NON-ELIGIBLE GIFTS sections on the previous page.)

Organization's Name: _____ Organization's Phone: _____

Please note above any preferred designation/department, if applicable.

Organization's Mailing Address: _____ City: _____ St: _____ ZIP: _____

I hereby certify that the information set forth above is true and correct, and I hereby authorize that, if necessary, the Organization may report this gift to Delta Dental of Kansas (DDKS) for the purpose of qualifying for a matching gift. I understand that DDKS' Matching Gift Program may be amended or terminated at any time.

(Signature)

(Date)

To be completed by Delta Dental of Kansas:

Section 2: Approval Process

The proposed gift described above qualifies for a Matching Gift by DDKS in the amount of \$ _____.

(Signature of DDKS Representative)

(Date)

Date Received: _____ Date Check Mailed to Organization: _____ Date Donor Notified Via Email: _____