

CITGO Petroleum Corporation MATCHING GIFT PROGRAM

SECTION A TO BE COMPLETED BY ELIGIBLE CONTRIBUTOR

<input type="checkbox"/> Employee <input type="checkbox"/> Retiree		PERSONNEL NUMBER OR SOCIAL SECURITY NO.			
CONTRIBUTOR'S NAME		LAST	FIRST	MIDDLE INITIAL	E-MAIL
STREET ADDRESS			CITY	STATE	ZIP
PHONE – Home/Office		LOCATION		RECIPIENT ORGANIZATION	
IN MEMORY OR HONOR OF:					

THE AMOUNT OF THIS CONTRIBUTION IS:
 \$ _____ of which only \$ _____
 is eligible to be matched (See "Exclusions" section)
 or _____ shares of _____ having a
Name of Security
 quoted market value of \$ _____ has been
 received by _____
Name of Institution

CERTIFICATION OF CONTRIBUTOR:
 I certify that I have read the requirements of the Matching Gift Program and that this contribution and the Recipient Organization meet all the requirements of the Program.

SIGNATURE OF ELIGIBLE CONTRIBUTOR

DATE

SECTION B TO BE COMPLETED BY ELIGIBLE RECIPIENT

ELIGIBLE RECIPIENT ORGANIZATION		STREET ADDRESS			
CITY		STATE	ZIP	PHONE NO.	
DATE OF GIFT	ELIGIBLE AMOUNT OF GIFT		FEDERAL TAX ID NUMBER		
DONOR NAME		Is your organization a member of United Way of the Coastal Bend, Southwest Louisiana United Way or United Way of Will County?			<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF ELIGIBLE RECIPIENT:
 I certify that the gift described above was received by our organization. I further certify that I have read the requirements of CITGO Petroleum Corporation's Matching Gift Program as cited on this form, that we are an Eligible Recipient organization and that this contribution meets all requirements under the Program.

AUTHORIZED SIGNATURE OF RECIPIENT ORGANIZATION		PRINT NAME
TITLE		Upon Completion of Section B, Return Entire Form To: CITGO Petroleum Corporation Matching Gift Program Coordinator P.O. Box 4689 Houston, TX 77210
DATE		

PURPOSE OF PROGRAM
 CITGO Petroleum Corporation's Matching Gift Program 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.

continued

HOW PROGRAM OPERATES

The Eligible Contributor should complete Section A and mail the entire form with his/her gift, to the Eligible Recipient.

An authorized official of the Eligible Recipient should complete Section B, and mail it to CITGO's 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 **matching gifts are issued after the close of each calendar quarter.**

ELIGIBLE RECIPIENTS

Subject to the Exclusions, the following are eligible to receive a matching gift from 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
 - are accredited or approved by a nationally recognized accrediting agency, a 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 gift eligible to be matched under the Program is \$25. The maximum aggregate annual amount per Eligible Contributor is \$7,500.

The contribution must be a personal gift of the Contributor. It may be in cash, check or securities that have a quoted market value.

EXCLUSIONS

TYPES OF EXCLUDED PAYMENTS:

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

TYPES OF EXCLUDED ORGANIZATIONS:

- Political
- Fraternal
- Religious (other than accredited educational institutions)
- Member Agencies of United Way that receive CITGO corporate matching funds
- Sectarian
- Professional
- Veteran

ADMINISTRATION

CITGO Petroleum Corporation reserves the right to modify, amend or terminate the Matching Gift Program at any time. All questions relating to the interpretation, application or administration of the Program shall be determined by CITGO Petroleum Corporation 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, TX 77210**

Telephone: (832) 486-5406

Fax: (832) 486-1781

IMPORTANT: Both pages of Matching Gift form, with original signatures, must be forwarded to Eligible Recipient who will then fill out Section B and return to CITGO's Matching Gift Program Coordinator, P.O. Box 4689, Houston, TX 77210.