



Saint-Gobain Corporation Foundation
20 Moores Road
Malvern, PA 19355

/ MATCHING GIFTS REQUEST - USA /

The Saint-Gobain Corporation Foundation will provide a 50% match for donations made by employees. The minimum gift that will be matched is \$25. Each employee will be eligible for the 50% match on donations totaling \$2,500 in any calendar year (for a maximum total match of \$1,250 per year).

Eligibility

Donors: Employees of all Saint-Gobain companies in the United States are eligible to participate in the program.

Recipients: Organizations that qualify for Matching Gifts include educational institutions (colleges, universities, and secondary and elementary schools) and charitable/cultural organizations recognized by the U.S. Treasury Department as tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

When mailing back this form, educational institutions must include accreditation certification or state certification, as well as an IRS Tax Identification number. Charitable/cultural organizations must include an IRS letter of determination indicating 501(c)(3) status.

The Saint-Gobain Corporation Foundation reserves the right to make final determination as to the eligibility of all Matching Gift donors and recipients, and to amend or discontinue this plan at any time.

Limitations

- › Gifts will not be made retroactively. This Matching Gifts Request Form must be submitted to the recipient organization at the time the gift is made.
- › The Matching Gifts form must be received by the Foundation, with Part A and Part B fully completed, within six months of the donation date.
- › Both the original gift and the Foundation Matching Gift must be paid directly to, and be used for, the sole benefit of the eligible organization.

- › Only individual personal contributions are eligible for matching funds; contribution pledges and group gifts are excluded.
- › Personal contributions may be given for a specific purpose or left unrestricted; the Matching Gift from the Foundation will in all cases be unrestricted.
- › The Foundation will not match:
 - United Way donations
 - Fees for services
 - Tuition, membership or subscription fees
 - Bequests
 - Pledges
 - Ticket purchases
 - Group gifts

To help us process your Matching Gift request, please be sure to complete this form fully:

- › Fill out Part A of the form.
- › Submit this form, along with your donation, to the recipient organization.
- › Ask the recipient organization to complete Part B, and then return the form to the Saint-Gobain Corporation Foundation as shown.

PART A TO BE COMPLETED BY DONOR

ENCLOSED IS MY PERSONAL GIFT TO: (RECEIVING ORGANIZATION)			PERSONAL GIFT AMOUNT	
FORM OF GIFT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> SECURITIES		IF SECURITIES: NAME OF COMPANY		
		SECURITIES GIFT AMOUNT	NUMBER OF SHARES	MARKET VALUE PER SHARE ON DATE OF TRANSMITTAL
FIRST NAME	MIDDLE INITIAL	LAST NAME		
YOUR BUSINESS UNIT OR GROUP			BUSINESS PHONE	
YOUR BUSINESS LOCATION ADDRESS		CITY	STATE	ZIP CODE OFFICE MAIL CODE
YOUR HOME ADDRESS		CITY	STATE	ZIP CODE HOME PHONE
I certify that the information I have provided is complete and correct, that my gift fully complies with the program provisions stated on this form, and I understand that only the tax-deductible portion of my donation is eligible for matching by the Saint-Gobain Corporation Foundation. I verify that these are my own resources and not the gifts or loans of any other person or organization. Furthermore, I certify that I meet the donor eligibility requirements set forth above. I understand that Matching Gifts are contributions from the Saint-Gobain Corporation Foundation and are not from me.			SIGNATURE OF DONOR	
			DATE OF GIFT	

PART B TO BE COMPLETED BY RECIPIENT ORGANIZATION

Please complete and return this form, along with your IRS Determination Letter (non-educational organizations only) to the Saint-Gobain Corporation Foundation at the above address within six months of receiving this donation.

TYPE OF ORGANIZATION <input type="checkbox"/> COMMUNITY <input type="checkbox"/> COLLEGE/UNIVERSITY <input type="checkbox"/> SECONDARY SCHOOL <input type="checkbox"/> OTHER (Please Specify) <input type="checkbox"/> HEALTH & HUMAN SERVICES <input type="checkbox"/> JUNIOR COLLEGE <input type="checkbox"/> ELEMENTARY SCHOOL <input type="checkbox"/> ARTS & CULTURE				
NAME OF ORGANIZATION			FEDERAL TAX ID NUMBER (EIN)	
GIFT AMOUNT	TAX DEDUCTIBLE GIFT AMOUNT		DATE RECEIVED	
MAILING ADDRESS	CITY	STATE	ZIP CODE	COUNTY
PHONE	FAX	EMAIL		
ACCREDITING ASSOCIATION (ONLY IF EDUCATIONAL INSTITUTION)			NAME OF AUTHORIZED OFFICER	
I certify that the gift described in Part A on this form has been received on the date noted above, that it represents the gift of one person only, and that it will be used to support the primary objectives of this organization. Furthermore, I certify that this organization is located in the U.S. and is tax-exempt under section 501(c)(3) of the Internal Revenue Code of the United States or is an accredited educational institution. Moreover, this organization is not a private foundation as defined in Section 509(a) of the Internal Revenue Code, nor does it discriminate on the basis of race, sex, color, creed or sexual orientation. Furthermore, I certify that this gift does not represent in any way tuition or payment in exchange for, or in expectation of, monetary or other benefits to be given to the donor or any person or organization affiliated with the donor.			TITLE OF OFFICER	
			SIGNATURE OF OFFICER	
			DATE	

PART C TO BE COMPLETED BY SAINT-GOBAIN CORPORATION FOUNDATION

DATE RECEIVED	SGCF MATCH	APPROVAL DATE	<input type="checkbox"/> VERIFIED BY GUIDE STAR <input type="checkbox"/> IRS 501(c)(3) ATTACHED
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