



GIFT Form

The Clorox Company Foundation

2010 GIFT Campaign

1. Employee Information

Employee Name: _____ Last Five Digits of Your Social Security #: _____
 E-mail Address: _____
 Work Location: _____
 City, State, ZIP: _____

Please complete entire form and return to:

The Clorox Company Foundation Employee Giving Campaign, P.O. Box 8327, Princeton, NJ 08543-8327

2. Select Payment Method and Amount (Please choose one giving method)

Method of Gift	Per Pay Period Amount		Annual Amount	One-Time Amount
<input type="checkbox"/> Diamond Match Level <i>See back of pledge form for match calculation</i>	N/A		N/A	\$ <input style="width: 80px;" type="text"/>
<input type="checkbox"/> Basic Match Level <i>Dollar for dollar, up to \$250.00</i>	\$ <input style="width: 80px;" type="text"/>	OR	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>
<input type="checkbox"/> One-Time Payroll Deduction <i>Deduction taken in the 1st pay period in January if paid weekly, 2nd if paid bi-weekly (\$48.00 minimum)</i>	N/A		N/A	\$ <input style="width: 80px;" type="text"/>
<input type="checkbox"/> Ongoing Payroll Deductions <i>(Calculate amount based on your annual pay cycle, \$2.00 per pay period minimum)</i>	\$ <input style="width: 80px;" type="text"/>	OR	\$ <input style="width: 80px;" type="text"/>	N/A
<input type="checkbox"/> Check Contribution <i>Make checks payable to the Clorox Company Foundation Employee Giving Campaign (\$24.00 minimum)</i>	N/A		N/A	\$ <input style="width: 80px;" type="text"/>
<input type="checkbox"/> Credit Card (Visa, MasterCard only) <i>(2.5% to 3.5% will be taken from your gift for service fees)</i> Card # _____ Type _____ Exp. Date ____ / ____	N/A		N/A	\$ <input style="width: 80px;" type="text"/>
<input type="checkbox"/> Stock Donation <i>Please contact 1-888-811-5745</i>	N/A		N/A	\$ <input style="width: 80px;" type="text"/>

3. Allocation (Each designation must be at least \$24.00 annual gift)

GIFT Community Fund – powered by your local United Way

<input type="checkbox"/> Education Annual Pledge Amount \$ <input style="width: 80px;" type="text"/>	<input type="checkbox"/> Safe Communities Annual Pledge Amount \$ <input style="width: 80px;" type="text"/>
<input type="checkbox"/> Health Annual Pledge Amount \$ <input style="width: 80px;" type="text"/>	<input type="checkbox"/> Self-Sufficiency Annual Pledge Amount \$ <input style="width: 80px;" type="text"/>
<input type="checkbox"/> The Clorox Company Foundation Employee Emergency Relief Fund Annual Pledge Amount \$ <input style="width: 80px;" type="text"/>	

Please renew my agency choice(s) from the previous campaign year.

Select a nonprofit of choice. (Please complete as much information as possible.) Attach additional sheets of paper if you have more than two organizations.

Organization Name: _____ Annual Pledge Amount \$
 EIN (Employer Identification Number): _____ Address: _____ City, State, ZIP: _____

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 EIN (Employer Identification Number): _____ Address: _____ City, State, ZIP: _____

Please total all amounts from the allocation area above.

Your Clorox Company Foundation match will be allocated to the same agency choice(s).

Total Annual Pledge Amount \$

4. Recognition

- I wish to have my name and home address shared with my agency choice(s).
 - I wish to have my name and work address shared with my agency choice(s).
 - I wish to remain anonymous.
- If no choice is made, your name and home address will be released.

Signature _____ Date _____ Phone _____

Required for processing. I understand my gift will be processed according to my wishes. I am making this gift as a charitable contribution, and I am not receiving goods or services in return. **Thank you very much for participating in GIFT – Getting Involved for Tomorrow.**

Customer Service 1-888-811-5745 or e-mail clorox@easymatch.com

How to complete the pledge form:

1. Employee Information

Please complete all fields in Employee Information. Print your first and last names, last five (5) digits of your Social Security number, e-mail address, work location, and city, state and ZIP. Completion of this information ensures accurate processing of your gift.

Upon completion of your pledge form, please send to **The Clorox Company Foundation Employee Giving Campaign, P.O. Box 8327, Princeton, NJ 08543-8327.**

2. Select Payment Method and Amount

On your behalf, the Clorox Company Foundation will match your contribution dollar for dollar up to \$250. However, for those contributing at the Diamond Match level, the Clorox Company Foundation will continue to match up to 2% of your annual pay as long as you pledge a minimum of 1.3% (1.8% for Directors and above). Maximum match is \$2,500.

Step 1: Determine your minimum pledge to qualify for Diamond Matching funds

Enter Your Base Pay		Multiply by Percentage		Diamond Pledge Minimum
Non-Exempt: Hourly rate X 2,080 Exempt: Annual Base Salary	X	1.3% below or 1.8% above Director Director (0.013) (0.018)	=	

Step 2: Determine your maximum Diamond Matching funds eligibility

Enter Your Base Pay		Multiply by 2%		Diamond Pledge Maximum
	X	0.02	=	

Example: Katie is an hourly employee who makes \$14.00 per hour. Her estimated annual base pay is \$29,120 (\$14.00 X 2,080). Katie would have to pledge a minimum of \$378.56 (\$29,120 X 0.013) to reach Diamond Match level. If she chooses to pledge more than \$378.56, the Clorox Foundation will match her dollar for dollar up to a maximum of \$582.40 (\$29,120 X 0.02).

- Ongoing Payroll Deduction – Please determine the amount you wish deducted by period, multiplied by the number of pay periods. Deduction begins in January 2010 and continues through the end of the year.
- One-Time Payroll – A one-time annual payroll gift will be taken in January 2010.
- One-Time Check – Please make check payable to the Clorox Company Foundation Employee Giving Campaign, and staple to the left-hand corner of the pledge form.
- Credit Card – Please provide your card number, card type and expiration date. Please note that a service fee of 2.5% to 3.5% will be taken from the gift. It will not decrease your match allocation or pledge amount.
- Stock – Please contact Customer Service at 1-888-811-5745.

3. Allocation

- Direct your gift to the GIFT Community Fund; The Clorox Company Foundation Employee Emergency Relief Fund; renew last year's choice(s), if applicable; or choose any nonprofit in the U.S. Please complete the organization information to ensure accurate processing to your agency of choice.
- Your match allocation will follow your giving choice(s). Donor Advised Fund (DAF) and Private Foundations are not eligible.
- Please total your choice(s) and ensure that the total equals your pledge total.
- You do not need to provide an IRS number or any other tax information for any agencies that you add.

4. Recognition

Please indicate how you wish to be recognized. If you do not make a choice, your name and home address will be released.

Finally, please sign, date and provide a contact number on your pledge form.

Customer Service for Clorox is available year-round. Should you have any questions about the processing of your gift or other questions about contributions, please contact Customer Service at 1-888-811-5745 from 8 a.m. to 8 p.m. EST or e-mail clorox@easymatch.com

THANK YOU FOR YOUR PARTICIPATION.