# GIFT Form The Clorox Company Foundation



2011 GI	FT Cam	paign
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1. Employee Information				
Employee Name:		Last Five Dig	its of Your Social Se	ecurity #:
E-mail Address:				
Work Location:				
City, State, ZIP:				
Please comp The Clorox Company Foundation Employee	olete entire form Giving Campa			J 08543-8327
2. Select Payment Method and Amount (Please choose on Method of Gift	ne giving method.) Per Pay Period	Amount	Annual Amount	One-Time Amount
Diamond Match Level See back of pledge form for match calculation	N/A		N/A	\$
Basic Match Level Dollar for dollar, up to \$250.00	\$	OR	\$	\$
One-Time Payroll Deduction	N/A		N/A	\$
Per Period Payroll Deductions	\$	OR	\$	N/A
Check Contribution	N/A		N/A	\$
Credit Card (Visa, MasterCard, AmEx, Discover) (2.5% to 3.5% will be taken from your gift for service fees) Card # Type Exp. Date	N/A		N/A	\$
Stock Donation	N/A		N/A	\$
3. Allocation (Each designation must be at least a \$24.00 a	annual gift)			
GIFT Community Fund – powered by your local Ur	nited Way			
Education Annual Pledge Amount	dge Amount \$ Income Annual Pledge Amount		\$	
□ Health Annual Pledge Amount \$	\$ 211 Annual Pledge Amount		\$	
The Clorox Company Foundation Employee Emergency Relief Fund Annual Pledge Amount		\$		
Please renew my agency choice(s) from the previ	ous campaign y	ear.		
Select a nonprofit of choice. (Please complete as much in if you have more than two organizations.	nformation as pos	sible.) Attach	additional sheets of p	aper
Organization Name:			Annual Pledge Amo	ount \$
EIN (Employer Identification Number): Addres	s:		City, State,	ZIP:
Organization Name:			Annual Pledge Amo	ount \$
EIN (Employer Identification Number): Addres	s:		City, State,	ZIP:
$\Box$ I choose not to participate in the GIFT Campaign				

#### Please total all amounts from the allocation area above.

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

4. Recognition

I wish to have my name	and home address	shared with my	agency choice(s).
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□ 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 proce	essed according to my wishes	. I am making this gift as a charitable contribution,
and I am not receiving goods or services in return. Than	nk you very much for participa	ating in GIFT—Getting Involved for Tomorrow.
Customer Service 1-888	3-811-5745 or e-mail clorox@e	easymatch.com

Total Annual Pledge Amount \$

## 1. Employee Information

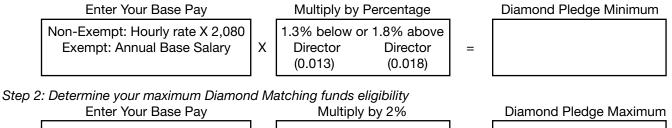
Please complete all fields in Employee Information. Print your first and last names, last five (5) digits of your Social Security Number, e-mail address, work location, and city, state and ZIP. Completion of this information ensures accurate processing of your gift.

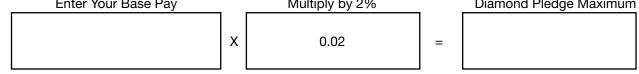
Upon completion of your pledge form, please send to The Clorox Company Foundation Employee Giving Campaign, P.O. Box 8327, Princeton, NJ 08543-8327.

### 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





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).

- Per Period Payroll Deduction Please determine the amount you wish deducted by period, multiplied by the number of pay periods. Deduction begins in January 2011 and continues through the end of the year. \$2 per period minimum.
- One-Time Payroll A one-time annual payroll gift will be taken in January 2011. \$48 minimum.
- 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. \$24 minimum.
- 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 eligible 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.