

GM MATCHING CONTRIBUTIONS PROGRAM

Instructions

Donor: Complete Section A of this form and mail it along with your contribution to the eligible academic institution. By signing in the space provided at the end of Section A, the donor certifies that such gift complies with the provisions of the Program, and authorizes the recipient institution to report such gift to the General Motors Foundation for a General Motors Matching Contribution.

Recipient Institution: The Matching contributions form must be complete, and the contribution must comply with the provisions of the Program. An authorized officer of the academic institution should complete and sign Section B, thereby certifying that the contribution has been received and that the gift complies with the provisions of the Program.

The form and a copy of the IRS Ruling should be mailed to General Motors Matching Contributions Program, PO Box 99, Mill Valley, CA 94941. Payment to eligible institutions will be made on a quarterly basis.

Improper or Incomplete Forms Will Delay Processing

Questions regarding Program policy, administrative matters, and individual contributions may be called toll-free to 1-877-877-2126 or e-mailed to gmmatch@kindmark.com.

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GM MATCHING CONTRIBUTIONS PROGRAM SECTION A- TO BE COMPLETED BY THE DONOR				GM MATCHING CONTRIBUTIONS PROGRAM SECTION B- TO BE COMPLETED BY THE INSTITUTION					
					Please return this form and the IRS Tax Ruling 501 (c) (3) to the General Motors Foundation at the address indicated above.				
ID Questions – Log on to http://gmid	.gm.com								
Home Address:	City:	State:	Zip:	I,certify that the information set forth below is correct, that such institution is an eligible institution, and that to the best of my knowledge the gift made by the donor meets the requirements of an eligible contribution (and is not an ineligible contribution) under the terms and conditions of the Program. I further certify					
Current GM Status				that neither the donor, nor any member of the donor's family has received or will receive a benefit or gift as the result of the contribution in Section A. Additionally, it will be used to support the primary objectives of the institution, which is classified a publicly supported and tax-exempt organization under Section 501 (c) (3) of the Internal Revenue Code. Under the exact name of:					
☐ Hourly ☐ Salary ☐ GM Board of Directors									
Work Phone Number Home Phone Number									
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Name of Academic Institution:	Program D	esignation (i.e. S	School of / College of):	Institution Address:		City:	State:	Zip:	
According to the GM Matching Program Guidelines, gifts may be designated to the specific university, including schools or colleges within the university; however, departments within the university, such as the athletic department or music department, are not eligible. For example, contributions made to The University of Michigan or The University of Michigan School of Engineering are eligible, but contributions made to The University of Michigan Athletic Department are ineligible. If a designation is not made consistent with the above guidelines, the contribution will be applied to the University General Fund.									
Institution Address:	City:	State:	Zip:	Tax Identification Number (EIN#):		Signature of Authorized Financial Officer:			
				Title:					
ontribution Amount:: Contribution Date:			Institution Phone:	tion Phone: Fax: Email Address:					
Contribution Form: ☐ Check	□Securities (Shares of)	Amount Rcv'd :	Tax-Deductible Amr	nt: Date Re	ecv'd: Institu	ition Accredited by:	
I certify that the information submi	tted is correct and fully co	emplies with the pro	ovisions of the Program.						
Donor Signature		Date Signe	ed						