

Gillette Matching Gifts Program

To encourage and show our appreciation for the generosity and community involvement of our associates, Gillette offers the Matching Gifts Program. The Matching Gifts Program is designed to provide additional monetary support to those qualifying charitable organizations supported by our associates.

WHO CAN PARTICIPATE?

All active, full-time and part-time U.S. Gillette regular associates and former members of the board of directors. Spouses are not eligible.

WHICH INSTITUTIONS QUALIFY?

- ◆ Most nonprofit organizations located in the United States or one of its possessions that are recognized by the Internal Revenue Service as a tax-exempt and designated public charity under Section 501(c)(3) of the Internal Revenue Code or as an instrumentality of a federal, state or local government as provided by Section 170(c)(1) of the Code.
- ◆ Eligible organizations include, but are not limited to: accredited colleges and universities; private and public elementary and secondary schools; civic, arts and culture, health and human service agencies; and environmental organizations.

WHAT CONTRIBUTIONS ARE ELIGIBLE?

- ◆ Must be a personal gift from the donor's personal funds made directly to eligible organization.
- ◆ The minimum gift eligible for matching is **\$25**.
- ◆ The maximum aggregate amount matched per participant each calendar year is **\$15,000**. Recipient organization annual support will be capped at \$50,000 per organization.
- ◆ Gillette will match \$1:\$1 for current associates and former directors.
- ◆ Gifts must have been paid and not simply pledged and must be in the form of cash, check, credit card, or marketable securities with a quoted market value.
- ◆ Gifts of securities are valued based on the closing market price on the date of the gift. No other form of personal or real property will be matched.

WHAT CONTRIBUTIONS ARE NOT ELIGIBLE?

- ◆ Gifts made in lieu of tuition payment for services
- ◆ Fees for service or tuition payments
- ◆ Membership fees for which benefits are received
- ◆ Dues to alumni(ae) or similar groups
- ◆ Gifts or payments to political or religious organizations
- ◆ Subscription fees for publications
- ◆ Insurance premiums

- ◆ Bequests or life income trust arrangements
- ◆ Gifts of real or personal property
- ◆ Cumulative gifts from several individuals reported as one contribution

HOW DOES THE PROGRAM WORK?

The associate should:

- ◆ Complete Part 1 of the form.
- ◆ Mail the *original* form, with the donation and any other necessary documentation, to the institution of your choice that meets the criteria listed in the guidelines (faxed copies will not be accepted). The matching amount provided by Gillette will be for unrestricted support.

The recipient organization should:

- ◆ Complete Part 2 of the *original* application form.
- ◆ The authorized officer of the charity must verify the donation, sign the application and return the *original* form to Gillette Matching Gifts Program, P.O. Box 8688, Princeton, NJ 08543-8688.

IS THERE A TIME LIMIT FOR MATCHING MY GIFT?

Gifts must be registered within one year of the date of contribution by check, credit card, or traded securities. Gifts registered after that time will not be eligible. All gifts must be verified by the recipient institutions in order to be matched by Gillette. **Please note, this program will expire on 12/31/07. All eligible donations must have a grant acknowledgement on file as of midnight 12/31/07 to be eligible for a match.**

HOW DO I GET MORE INFORMATION?

For more information or additional forms, please contact via:

- ◆ Phone: 1-866-659-8125 (8am –8pm EST)
- ◆ Email: Gillette@easymatch.com
- ◆ The Matching Gifts web site: <http://www.easymatch.com/Gillette>

Gillette reserves the right to interpret and administer the program, and may suspend, amend, or discontinue the program at any time. Gillette also reserves the right to determine whether any gift complies with the program guidelines, is consistent with its goals and/or will be matched.

Gillette

Matching Gifts Request Form

Touching lives, improving life. **P&G™**

INSTRUCTIONS

Donor:

- ◆ Complete Part 1 of this form – one for each gift. *Please print or type.*
- ◆ Send the form and a copy of the program guidelines with your contribution to the recipient organization.

Recipient Organization:

- ◆ Verify receipt of gift.
- ◆ Complete Part 2 of this form. *Please print or type.*
- ◆ If this is your first matching gifts request to Gillette Matching Gifts Program, enclose a copy of your Internal Revenue Code 501(c)(3) determination letter and a brief description of your organization's primary purpose.
- ◆ Forward form to the address printed below.

Part 1 – Donor Section

	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NAME _____	EMPLOYEE ID _____
<input type="checkbox"/> ASSOCIATE _____	DIVISION _____
HOME ADDRESS <input type="checkbox"/> CHECK IF NEW ADDRESS _____	
CITY/STATE/ZIP _____	
BUSINESS TELEPHONE, INCLUDING AREA CODE _____	E-MAIL ADDRESS _____
/ /	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
EXACT DATE OF GIFT _____	AMOUNT OF GIFT (MIN \$25) _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> STOCK	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
TYPE OF GIFT: PLEASE CHECK ONE:	AMOUNT OF MATCH REQUESTED (MIN \$25) _____
IF STOCK, NUMBER OF SHARES AND NAME OF STOCK _____	
NAME OF ORGANIZATION _____	
ORGANIZATION CITY, STATE, ZIP CODE _____	
RESTRICTION OR PURPOSE (IF ANY). _____	
<p>I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution. I certify that this contribution does not represent payment for tuition, services or other personal financial obligations. I have read and understand the guidelines of Gillette Matching Gifts Program.</p>	
SIGNATURE _____	DATE _____

Part 2 – Recipient Section

EMPLOYER IDENTIFICATION NUMBER (EIN) _____	
ORGANIZATION NAME _____	
ADDRESS _____	
CITY/STATE/ZIP _____	
TELEPHONE, INCLUDING AREA CODE _____	FAX NUMBER _____
E-MAIL _____	WEB-SITE ADDRESS _____
DATE RECEIVED _____	
\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00
AMOUNT OF GIFT _____	TAX DEDUCTIBLE GIFT AMOUNT _____
<p>I hereby certify that this organization/program meets the eligibility requirements of Gillette Matching Gifts Program, and that neither the donor nor Gillette will derive any material benefit from this gift or match.</p>	
AUTHORIZED OFFICER'S NAME/TITLE (PLEASE PRINT) _____	
SIGNATURE OF AUTHORIZED OFFICER _____	DATE _____

MAIL COMPLETED FORM AND ANY REQUIRED ENCLOSURES TO:

Gillette Matching Gifts Program
P.O. Box 8688
Princeton, NJ 08543-8688

Phone: 1-866-659-8125
E-mail: Gillette@easymatch.com
Web Site: <http://www.easymatch.com/gillette>