

MATCHING GIFT PROGRAM

MATCHING GIFT PROGRAM FOR QUALIFIED:

- 501(c)(3) organizations

DONOR <i>Please complete this form and forward it with a copy of the institution's acknowledgement letter to the address below.</i> <i>(Please type or print clearly.)</i>	DONOR'S NAME		DONOR IS: <i>(Please check)</i> <input type="checkbox"/> Employee <input type="checkbox"/> Spouse	
	ELIGIBLE DONOR'S EMPLOYEE ID NUMBER			
	IF SPOUSE, PLEASE PRINT ELIGIBLE DONOR'S NAME			
	HOME ADDRESS – <i>(No., Street)</i>			
	CITY	STATE	ZIP	DAYTIME TELEPHONE
	AMOUNT OF GIFT <i>(Min. \$50.00, Max. \$2,500)</i>			
NAME OF INSTITUTION				
ADDRESS OF INSTITUTION				
CITY		STATE	ZIP	DAYTIME TELEPHONE
I have read the qualifications of the Matching Gifts Program and certify, to the best of my knowledge, that this institution is a non-profit organization and meets the qualifications of the program.				
SIGNATURE OF DONOR		DATE SIGNED		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		REASON		
DATE	HO100 AUTHORITY			

Please mail to:

Matching Gifts Program
Human Resources Department
 HSB Group, Inc.
 One State Street
 P.O. Box 5024
 Hartford, CT 06102-5024

AP USE ONLY	
ACCOUNT	505603 HO100
AMOUNT	\$
EMPLOYEE VENDOR	
ALT PAYEE VENDOR	
VOUCHER NUMBER	
INVOICE DATE	
HANDLING CODE	5



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HSB established a Matching Gift program to encourage employee donations by matching up to \$2,500, per employee, per calendar year to eligible institutions.

Gifts must be at least **\$50** to be matched. The company will match eligible contributions up to \$2,500 per donor, per calendar year to accredited U.S. – based 501(c)(3) organizations. Gifts, and the total HSB match year to-date, are tracked by the dates of donations. Please complete this form for each matching gift you request.

ELIGIBLE PARTICIPANTS

Employees of HSB who regularly work at least 20 hours a week. The company also matches gifts of spouses of eligible participants.

HOW THE PROGRAM OPERATES

Eligible employees or their spouses should send a copy of the institution's donation acknowledgement letter with this form to the Matching Gifts Coordinator, [Myrlin Valentin](#), Human Resources Department. Cancelled checks and pledge forms are not acceptable.

Requests and all completed documentation must be received by HSB promptly after the gift is made.

ELIGIBLE INSTITUTIONS *(All eligible institutions must have 501(c)(3) designation.)*

Institutions eligible to receive a Matching Gift are those based in the U.S. and its territories, are recognized by the Internal Revenue Service as a 501(c)(3) organization, and fall into one of the categories below:

- Health, Social Welfare, and Community Development: Includes contributions to local and national health and human services agencies, hospitals, hospice, agencies for youth, senior citizen organizations, homeless shelters, and food banks.
- Education: Includes contributions to accredited colleges and universities, scholarship and fellowship funds for students.
- Arts & Culture: Includes contributions to museums, arts funds or councils, theaters, museums, libraries, and cultural centers.

The Charitable Giving Committee reserves the right, in its sole discretion, to determine eligibility of an institution for the Matching Gift program.

Please be advised that some institutions will be ineligible because they already receive the maximum amount of financial support from the Company.

INELIGIBLE INSTITUTIONS

- colleges/universities that are not accredited
- public or private elementary and secondary schools
- nurseries, day care centers, and preschools
- donations to any political or religious organization
- individuals, bequests, tuitions, enrollment fees, association or membership dues, and any other payments that are not direct contributions to eligible institutions or organizations

PLAN INTERPRETATION

HSB reserves the right to make all decisions regarding the interpretation of this program and to change or terminate the program at any time.

