

PURPOSE: The purpose of the Educational Matching Gifts Program is to provide support to eligible educational institutions in which employees and directors are interested and to which they contribute.

CONTRIBUTIONS: Individual gifts to eligible educational institutions will be matched by The Harvey Hubbell Foundation subject to the following limitations:

- A. Each gift to be matched must be \$25 or more.
- B. An individual's gift will be matched by the Foundation up to a maximum of \$4,000 of eligible gifts made by the individual in a single calendar year.

Contributions of securities of known value qualify for gift matching.

EMPLOYEE ELIGIBILITY: All regular full-time employees of Hubbell Incorporated and its divisions and domestic subsidiaries, with one year of service are eligible. Donors need not have attended the institution to which they contribute. A Hubbell director is eligible upon the date of appointment or

election as a director. The employee must have his/her eligibility certified by the location manager prior to forwarding the gift to a recipient.

ELIGIBLE INSTITUTIONS: Any private or public institution of higher education (university, college, junior college, graduate school, or professional school) and any private precollege institution (primary or secondary levels) are eligible, provided they meet all of the following qualifications:

1. It is located within the United States or any territory thereof;
2. Contributions to it are deductible for federal income tax purposes;
3. It is accredited by the appropriate state, regional, or professional accrediting authority or association; and
4. Its main purpose or predominant activity is not for the practice or study of religion or preparation for the ministry or priesthood, e.g., seminaries, bible school.

(The Foundation reserves the right to modify or terminate the program at any time.)

TO BE FILLED IN BY EMPLOYEE		The employee should send this form with his/her contribution directly to the institution. His/Her signature authorizes the recipient to report this gift to The Harvey Hubbell Foundation for an additional contribution under the Educational Gift Matching Program	
Date _____			
ENCLOSED IS MY PERSONAL GIFT OF _____		If Securities, describe _____	
TO _____		Name and address of the educational institution _____	
_____ Signature of Employee		_____ Home Address	
_____ Please type or print full name		_____ City and State	
		_____ Division or Subsidiary	
		_____ Signature - Location Manager. Employee meets eligibility requirements	
TO BE FILLED IN BY INSTITUTION		The institution receiving the above gift should acknowledge receipt by completing this portion to qualify for a contribution under the provisions of the Educational Gift Matching Program. Return the entire application form to The Harvey Hubbell Foundation, P.O. Box 549, 584 Derby Millford Road, Orange, CT 06477-0589.	
Date _____			
As _____ of _____		(Title) (Name of institution)	
		_____ (Address)	
I certify that the above gift of \$ _____ was received on _____			
I further certify that this institution is an accredited institution, and that any contribution received from The Harvey Hubbell Foundation will be used to foster the primary needs of the institution by augmenting capital or operating funds.			
_____ (Signature)	_____ (Please type or print full name)	_____ (Date)	5020