

LabCorp Matching Gift Program

The LabCorp Matching Gift Program is designed to encourage active full-time and retired employees to support institutions of higher education, independent schools, and nonprofit hospitals.

Eligible Institutions/Organizations

LabCorp will match contributions to institutions/organizations in the United States meeting one of the following criteria:

- An accredited* university, college, junior college, professional school, or school of nursing.
- An accredited* independent school not supported by public funds.
- A nonprofit hospital.**
- An alumni association or university/college foundation of an eligible institution (funds must be designated towards academic programs, and/or scholarships – not athletics).

*Accreditation must be verified by citation in *The HEP Higher Education Directory* or *The Handbook of Private Schools*.

***The Joint Commission of Accreditation of Healthcare Organizations (JCAHO)* must verify accreditation.

In addition, the United States IRS Department must recognize the institution/organization as tax-exempt.

Contribution & Payment

The company will match a contribution no less than \$25 and no more than \$5,000 per employee per calendar year. Gifts may be for one year only. A contribution must be an individual's personal gift that has been paid and not pledged. Contributions may be either in cash, negotiable securities, or real property meeting all other criteria.

Matching gift payments are made quarterly – March 15, June 15, September 15, and December 10.



Program Conditions

LabCorp may modify, suspend, or terminate the Matching Gift Program or any part thereof, at any time. In such event, any contributions made prior to the effective date of change will be considered under previous terms. LabCorp's management committee, whose decisions will be final, shall decide all questions concerning the interpretation, application, or administration of the program.

Both the employee and the organization must complete the attached form. Completed forms must be received no later than March 15 of the year following the donation.

Ineligible Contributions

The Matching Gift Program is limited and will not match:

- Gifts to any other institution, organization, or agency other than those so stipulated under the program.
- Dues to a national or local alumnus group.
- Gifts to be used for an athletic subsidy, including athletic scholarships.
- Subscription fees for publications.
- Insurance premiums.
- Payment for tuition, books, or other student fees including class dues.
- Gifts intended to fulfill a person's pledges, tithes, or church related financial commitments.
- Gifts to professors.
- Testamentary bequests.
- Gifts given through a third party or gifts given to a college or university as a way of supporting a third-party organization (athletics, religious, or social).
- Other such payments not made directly to eligible institutions even though such payments produce ultimate financial benefit for the institution.

If you have questions about the Matching Gift Program or eligibility, please contact Corporate Community Affairs.

LabCorp Corporate Community Affairs
531 South Spring Street*Burlington, NC 27215
Phone: 1-800-222-7566 ext. 64468* Fax: 336-436-1569
E-mail address: Commaff@labcorp.com

LabCorp Matching Gift Program

Section A: Employee

Please read the guidelines carefully. Complete Section A, then forward the entire form to the institution/organization for verification.

- Full-time Employee
- Retiree

Employee ID Number

Home Address

City State Zip

Company Location

Work Phone Number

Amount of Donation Date

Institution/Organization Name

I hereby authorize the above-named institution/organization to verify this gift and report it to LabCorp for the purpose of qualifying for a contribution under the Matching Gift Program. I am a regular full-time employee or retiree of LabCorp.

Print or type your full name

Signature Date

Section B: Verification

Section B should be completed by the receiving institution/organization. Please mail this completed form to the address listed at the bottom of this form.

If your organization has not previously participated in the LabCorp Marching Gifts Program - Please include:

- Accrediting Association Acknowledgement, if applicable
- Tax ID # _____

By signing below, you certify that:

- You have received the stated gift of \$_____ from the contributor on _____.

Organization

Signature Date

Title

Print Name

Address

City State Zip Code

Telephone



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