



# Matching Gifts Program

**Part A - Donor:** Please read the program provisions on the reverse side of this form to ensure gift compliance. Complete Part A and forward this entire form to the institution with your gift.

Employee's last name (Please print legibly)	First	M.I.
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Home address: number and street	Lexmark location	Employee serial _____
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City	State	Zip Code _____ - _____
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<b>Check one only</b> Donor is <input type="checkbox"/> self OR <input type="checkbox"/> spouse A joint gift requires dividing the gift on a separate form for each donor. If donor is spouse or domestic partner, complete next line.	<b>Employee status</b> <input type="checkbox"/> Active <input type="checkbox"/> Board <input type="checkbox"/> Retired <input type="checkbox"/> Other
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Spouse or domestic partner's last name (Please print legibly)	First	M.I.
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Complete name of institution receiving gift  
(do not abbreviate)

Fund, association name, if any

Institution's street address

City	State	Zip Code _____ - _____
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**Gift information:** TAX-DEDUCTIBLE portion only; do not include tickets, subscriptions, etc.

<b>Cash/check gifts only</b>  Exact date of check/gift: Month ____ Day ____ Year ____  \$____,____.00 \$50 minimum amount (cash or check)	<b>Stock gifts only (Do not reflect value in cash)</b> The basis for matching gifts of securities is the average market price on the exact date of gift.  Exact date of gift: Month ____ Day ____ Year ____  Name of security: _____  Number of shares given _____ Stock symbol _____
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I certify that the information is correct and my gift complies with Lexmark Matching Gifts provisions.

Employee or surviving spouse signature: \_\_\_\_\_ Date \_\_\_\_\_

All applications must be completed and signed before they can be processed.

**Part B - Institution:** Certification of receipt of gift. Please complete Part B and mail this entire form to: Lexmark International, Inc., Matching Gifts Program, 740 West New Circle Road, Lexington, KY 40550

<b>TAX -DEDUCTIBLE PORTION OF GIFT</b>  \$____, ____ .00 <b>Number of shares</b> _____  <b>Federal Tax EIN</b> ____ - _____	<b>FIRST-TIME REQUESTOR</b> If this is the first time you are participating in the Lexmark Matching Gifts program, please attach a copy of you 501(c)(3) tax ruling letter issued by the Internal Revenue Service, your current 990 tax filing or financial statement, and a brochure or other materials describing your organization's activities.
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Legal name of organization as shown on 501(c)(3) letter, if different from Part A

I verify the receipt of the above described gift and certify that this institution/organization has qualified for federal income tax exemption under Section 501(c)(3) of the Internal Revenue Code, that no direct tangible benefit will accrue to the donor, any member of the donor's family, or anyone designated by the donor and that the gift will be used to support the primary objectives of the institution. I further understand that Lexmark reserves the right to audit institutional records and documents pertaining to this program and to request supporting donor documentation it considers necessary.

Signature	Date signed	Name/title (Please type or print)	Phone
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## The program

Lexmark will match, on a one-to-one basis, an individual's contribution of up to \$5,000 per institution per calendar year, with a maximum match of \$10,000 to all institutions per calendar year, to approved U.S.-based colleges, universities and other post-secondary institutions, hospitals, and cultural institutions. Such eligible gifts, intended to support the primary objectives of these institutions, are subject to the following conditions:

### Persons eligible for participation

- Regular or regular part-time U.S. employees of Lexmark (including those on temporary assignment outside the U.S., those on assignment to the U.S. and those on leave of absence or receiving benefits under the Lexmark long-term disability program).
- Persons retired under the Lexmark Retirement Growth Account.
- Members of the board of directors of Lexmark International, Inc.
- Spouses or domestic partners and eligible surviving spouses or domestic partners of active or retired employees or board members.

### Institutions eligible for participation

Recipient institutions must be based in the U.S., its territories or the Commonwealth of Puerto Rico, and recognized as tax exempt by the Internal Revenue Service of the U.S. Treasury Department (or by Puerto Rico or territory tax authorities).

### Higher education

- Degree-granting graduate and professional schools, universities, four-year and two-year colleges and technical institutes will be considered if they are fully accredited by a regional or professional accrediting agency recognized by the U.S. Department of Education.
- A tax-exempt educational fund (e.g., the United Negro College Fund, Foundation for Independent Higher Education) will be considered if its sole purpose is raising money for its constituent member colleges that individually are eligible under the plan.
- A tax-exempt fund, foundation or association that is an integral part of an approved college or university will be considered if the college or university certifies that the gift will be applied directly to support its primary educational objectives.

### Hospitals

- A hospital will be considered if it is accredited by the Joint Commission on Accreditation of Hospitals, the American Osteopathic Association or the Council on Accreditation of Rehabilitation Facilities. A hospital must provide in-patient services under the supervision of licensed doctors of medicine, psychiatry or osteopathy, diagnostic and therapeutic services for medical and surgical diagnosis and treatment and care of the injured, disabled or sick. Christian Science Sanitoriums are also eligible.
- A hospice will be considered only if it provides supportive care for terminally ill patients and their families. The hospice must be approved by Medicare, and operate on a not-for-profit basis.
- A nursing home will be considered if it is a not-for-profit, skilled nursing care facility which provides inpatient services (as opposed to health related/intermediate or custodial care) and is Medicare approved.

### Arts

- A cultural institution will be considered if it is professionally managed, opened to and operated for the benefit of the public. Included are museums, libraries, performing arts groups, historical and cultural preservation societies, non-religious public broadcasting, and related organizations whose primary purpose is to foster the arts. Also eligible are botanical and zoological societies, and environmental organizations principally engaged in: the acquisition, rehabilitation and maintenance of natural areas; the preservation of wildlife; research specially directed toward natural conservation activities; as long as the aforementioned do not engage in legal advocacy as a principal part of their activities.

### Not eligible

- Gifts to elementary and secondary schools, public or private.
- Charitable gift annuities; pooled income funds.
- Dues payable to national or local alumni groups.
- Gifts for non-scholastic programs such as: athletic booster clubs, athletic scholarship programs and intercollegiate athletic programs.
- Payments that cover the cost of services, tuition, books, student fees, subscriptions, insurance premiums, tickets or other considerations.
- Gifts to nurseries, day cares or preschools.
- Gifts intended to fulfill a person's pledges, tithes or other church-related financial commitments whereby the donor would be relieved of these obligations by transferring a gift to a related eligible institution.
- Gifts made as a way of supporting a third-party organization (e.g., gifts made to eligible institutions that are used to off set financial obligations [tithes/dues] to ineligible organizations such as a church, temple, denominational group, athletic, religious, social, fraternal or membership organization).
- Gifts-in-kind (e.g., personal or real property, other than securities; value of personal services).
- Bequests.
- Gifts to health and medical organizations (e.g., Muscular Dystrophy, March of Dimes, American Cancer Society, etc.).
- Gifts to social welfare organizations (e.g., YMCA/YWCA, Scouts, American Red Cross, Habitat for Humanity, MADD, volunteer fire/EMS companies, etc.).
- Gifts to religious, political, public affairs, fraternal and social organizations.
- Gifts to film festivals.

### Contributions

- Gifts must be a minimum of fifty dollars (\$50).
- Gifts must be personal contributions made directly to an approved institution in cash or securities having a quoted market value. The basis for matching gifts of securities is the average market price on the exact date of gift.
- Gifts must be charitable contributions, i.e., made as a donation without expectation of personal benefit to the donor, donor's family, or anyone designated by donor. The amount of the

donor's gift should be the determining factor for considerations such as priority seating and not combined with Lexmark's match to achieve a higher recognition level.

- Contributions must be recognized as tax-deductible under section 170(c) of the Internal Revenue Code of 1954 or equivalent section of the tax law of Puerto Rico or a U.S. territory. (Note: Pledges will not be matched until they are paid. Installment payments will be treated as separate contributions.)

### How the program operates

- The employee should complete Part A, verify by signing that the gift complies with the provisions of the program, and mail this form, with the donation, to the institution.
- A financial or other executive officer of the recipient institution should complete and countersign Part B, thereby certifying that the contribution has been received and complies with program provisions.
- There will be one payment each quarter to eligible organizations for applications received in the previous quarter. An acknowledgment of contributions will be sent to the institution at the time the gift is matched.
- Application forms not received by Lexmark in the year the gift is given must be received by Lexmark no later than December 31 of the following year to be eligible.

### Administrative conditions

- Lexmark may suspend, change or terminate this program at any time. Donors and/or donees may be requested to supply supporting records and documentation Lexmark considers necessary.
- The interpretation, application and administration of these Matching Gifts Program provisions shall be determined solely by Lexmark, whose decision shall be final. Donors may designate their own gifts for restricted purposes; however, Lexmark's matching gifts are unrestricted as to the institution's use.
- Lexmark will maintain a list of memorial funds established within eligible institutions by employees or their spouses in memory of their deceased immediate family members.

For further information, contact the Lexmark Matching Gifts Program at the address below.

After completing Part B, the Institution should forward the entire form to:

**Lexmark International, Inc.**  
**Matching Gifts Program**  
**740 West New Circle Rd.**  
**Lexington, KY 40550**  
 Phone: 859-232-3371

Revised 12/03