

Lockheed Martin Foundation Matching Gift Program for Colleges and Universities

The purpose of this program is to recognize the colleges and universities of the United States whose graduates contribute so importantly to Lockheed Martin's capability and growth. The program is intended to provide additional incentive for employees of the Corporation to make regular financial contributions to the colleges and universities they choose. The program is funded annually. The Lockheed Martin Corporation Foundation reserves the right to make final determination as to the eligibility of both gifts and organizations.

Gifts

Donations must be personal gifts (not merely pledged) made directly to an eligible college or university in the form of check or cash, or as securities having a quoted market value. Gifts must be a minimum of \$25 and in multiples of \$5, up to a maximum of \$10,000 per employee, per year. The tax deductible amount of each gift is matched dollar for dollar in \$5 increments. Multiple gifts, either to a single institution or to different institutions, will be matched up to a combined \$10,000 maximum. Eligible gifts will be matched by the Foundation. Purchases of goods or services, such as athletic event tickets, will not be matched. Matching gifts must be received by the Lockheed Martin program office no later than February 15 to be included in the annual spring payment.

Eligible Individuals

At the time the gift is made, the donor must be a full-time employee, part-time employee working 20+ hours per week, director, or Board Member of Lockheed Martin Corporation or one of its wholly owned subsidiary companies. The donor must have a minimum of one year of continuous employment and not be retired. Because funding for the matching gift program is not guaranteed from one year to the next, employees must not expect multi-year commitments to be matched.

Eligible Colleges and Universities in the United States

Junior and community colleges and four-year colleges and universities may receive gifts through this program provided they are (1) accredited by one of the six regional accrediting organizations listed on the back of this brochure, and (2) recognized by the Internal Revenue Service of the United States as an organization to which deductible contributions may be made. Pre-college institutions (high schools, etc.) are not eligible.

Regional Accrediting Organizations

- Middle States Association of Colleges and Schools
- Northwest Association of Schools and Colleges
- New England Association of Schools and Colleges
- Southern Association of Colleges and Schools
- North Central Association of Colleges and Schools
- Western Association of Schools and Colleges

Alumni funds or similar fund-raising associations may receive matching gifts only if they are an integral part of an eligible college or university. Gifts to athletic foundations are matched only if the central matching gift office of the institution agrees to receive the match and transfer the funds.

To be completed by the current employee/board member - please type or print clearly

_____ \$ _____ Shares of _____
 Date of Gift Amount of Gift Securities

_____ College or University Receiving Gift

_____ Name of Employee/Board Member

_____ Home Address _____ Employment Date _____ Employee Number

_____ Home City, State, Zip Code _____ Lockheed Martin Facility _____ City & State

Send entire form to the college or university receiving gift. Retain a copy for your records.

To be completed by the institution - please type or print clearly

Mail completed entire form to:

Lockheed Martin Corporation Foundation, Matching Gift Program, P.O. Box 2320, Cherry Hill, New Jersey 08034

Matching gifts must be received by the Lockheed Martin program office no later than February 15 to be included in the annual spring payment.

Telephone: (856) 672-1200 Email: Immatchgift@thescholarshipfoundation.com

The gift described herein has been received by this institution, which I certify is eligible for a matching gift under the provisions of the Lockheed Martin program.

_____ \$ _____ \$ _____
 Regional Accreditation Amount Received Tax Deductible Amount Date Signed

_____ Name of Institution _____ Signature of Verifying Official

_____ Address _____ Typed or Printed Name

_____ City, State, Zip Code _____ Title and Telephone Number