



MATCHING CHARITABLE GIFT PROGRAM CONTRIBUTION REQUEST FORM

PURPOSE

- The Matching Charitable Gift Program was established by Sealy to provide financial assistance, in cooperation with company employees, to colleges, universities and hospitals throughout the country. Through the matching gifts by Sealy, employee giving to these institutions is effectively doubled.

ELIGIBLE GIVERS

- Full-time salaried employees of Sealy.
- Any salaried employee who has retired from the company (at or after age 65 or at or after age 55 with at least 10 years of service).

ELIGIBLE RECIPIENTS

- Any accredited college, junior college or university in the United States.
- Any independent building or other separately organized college fund, if it is either an integral part of an eligible college or university or properly certified to be an organization that will use such gifts for the benefit of or transmit such gifts to an eligible college or university.
- Any accredited non-profit hospital in the United States.
- Recipients must meet the requirements of the Internal Revenue Service as an organization to which tax deductible charitable contributions may be made.

ELIGIBLE GIFTS

- Only monetary gifts of \$50 or more are eligible for matching. Pledges will not be matched until payment is made.
- Gifts and/or pledges from previous fiscal years are not matched retroactively; only gifts made within the current fiscal year can be considered.
- Gift must be the personal contribution of the donor, not made with funds provided in whole or in part by others. Proof of contribution must be retained by the giver for two years.

MATCHING LIMIT

- Sealy will match gifts, on a dollar for dollar basis, of \$50 or more to an aggregate maximum of \$500 per eligible giver per year.

ADMINISTRATION

- Matching gifts will be paid quarterly to each eligible college, university, fund, or hospital.
- Each gift must be made with the understanding that neither it nor the matching gift will constitute payment for tuition, books, fees, alumni dues, church subsidies for private schools or other similar items at the recipient college, university, fund or hospital, nor is it for the benefit of any specific individual.
- **Sealy's decision concerning any request under this Program shall be final and Sealy reserves the right to revise or terminate this Program at any time and to refuse a request to any organization.**

(OVER)

HOW TO PARTICIPATE

Complete the information below, attach copy of canceled check, credit card receipt or other acknowledgment of contribution and mail to:

MATCHING GIFT PROGRAM
SEALY, INC.
ONE OFFICE PARKWAY
TRINITY, NC 27370

(Type or print)

Date _____

Donor's Name _____ SSN# _____

Address _____

City _____ State _____ Zip _____

Status (Circle One): Employee or Retiree

Hire Date _____ Retirement Date _____ Location _____

Date of Gift _____ Amount \$ _____

Please match my contribution to: Recipient's Name _____

Address _____

City _____ State _____ Zip _____

I certify that the information submitted herewith is correct.

(Signature of Donor)

OFFICE USE ONLY

Gift \$ _____ Match _____

Authorized Signature

Date

(OVER)