

Matching Gifts Program

About the Symbol Technologies Matching Gifts Program

The Symbol Technologies Matching Gifts Program was established to encourage and support associates in their commitment to support the communities in which they live.

The company will match 100% any associate donation to an eligible not-for-profit organization up to \$500.00 annually per associate. All gifts must be unrestricted and are subject to approval by the Community Relations Department.

Who can participate?

Regular full-time associates of Symbol Technologies.

Program limits

Full time associate donations will be matched at a maximum of \$500 per person per calendar year. The \$500 maximum may be a combination of multiple gifts throughout the year.

Eligible Gifts

All gifts will be matched one for one. The minimum gift is \$10.00. Gifts must be personal contributions in the form of cash (personal check or credit card) or marketable securities. Gifts of securities must transfer full ownership rights to the institutions and have a reliable market quotation available to determine value. Securities will be matched by using the average of the high and low stock prices on the date of the gift.

Eligible Institutions

To be eligible, an institution must be recognized by the Internal Revenue Service as tax-exempt and designated a public charity under Section 501 (C) (3) of the IRS Code.

Ineligible organizations/gifts include but not limited to-

- Individuals and organizations or programs established to assist specific individuals.
- Organizations that have discriminatory policies, practices or memberships.
- Political or public policy.
- Requests submitted 91 days or more after the donor's gift date.
- Multi-year commitments or pledges for future payment, unless pledge was paid in full during a single calendar year.
- Payments in lieu of tuition, books or student fees.
- Bequests.
- Deferred gifts or group gifts (pooled funds).
- Gifts made through third parties, trusts, donor-advised funds, community foundations, etc. (Including United Way)
- In-kind services, materials or supplies.
- Gifts of real or personal property (other than cash or securities).
- Gifts for which the donor, donor's family or other specified individual receives direct personal benefit.

How the program works

The associate should:

- Complete Part A of the matching gifts form
- Mail the original form, with the donation and any other necessary documentation, to the organization of your choice that meets the criteria listed in the guidelines. Original signatures are required; faxed copies will not be accepted.

The recipient organization should:

- Complete Part B of the original application form
- The organization's authorized officer must verify the donation, sign the application and return the original form to:

Symbol Technologies
Community Relations Department - MSA37
One Symbol Plaza
Holtsville, NY 11742

Eligible gifts are processed and matched on the following quarterly schedule:

Forms received between

Jan - Mar
April - June
July - September
October - December

Gifts Paid by

April
July
October
January

Program Administration

The Symbol Technologies Matching Gifts Program is administered by Symbol's Community Relations Department, which has the sole discretion to determine a donor, organization or program's initial and continuing eligibility to participate in the program. The Community Relations department may, at any time, exercise the right to change, suspend or terminate the Matching Gifts Program. The Director and Manager are responsible for the program's interpretation and administration, and their decision shall be final. The Community Relations department reserves the right to audit any gift-related records of individuals and organizations, and to evaluate the validity of any Matching Gifts request.

MATCHING GIFTS PROGRAM REQUEST FORM

INSTRUCTIONS:

Donor:

- Complete Part A of this form - one for each gift. Please print or type.
- Send this form with your contribution to the recipient organization.

Recipient Organization:

- Verify receipt of gift
- Complete Part B of this form. Please print or type
- Forward form to the address printed below. Symbol Technologies must receive this completed form within 90 days of the date you received the donor's gift.

Part A - Donor Section

Associate Name

Home Address

City/State/Zip

Business telephone

Email address

Exact date of gift

Amount of gift

Type of gift

Check

Credit Card

Stock

If Stock, number of shares, name of stock, trade symbol

Name of organization receiving gift

Organization's city, state

I certify that my gift is a voluntary contribution, paid by check, credit card or in securities, and not merely pledged. I verify that these are my own resources, not the collected gifts or loans of any other person or organization and that this is a single gift, not an aggregation of contributions. I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution and that it does not represent, in any way, a fee for a service or benefit. I have read and understand the guidelines of the Symbol Technologies Matching Gifts Program attached to this form, and I certify that my gift fully complies with its provisions.

Donor Signature

Date

Mail completed form with your contribution to the recipient organization.

Part B - Recipient Section

Organization name

Address

City/State/Zip

Telephone

Fax

Email address

Web site

EIN Number

Date gift received

Amount of gift

I verify receipt of the charitable gift described by the donor, and I hereby certify that this is a non-profit organization/program that meets all of the eligibility requirements of the Symbol Technologies Matching Gifts Program, and that contributions to it are tax-deductible under Section 501 C 3 of the Internal Revenue Code. Neither the donor nor Symbol Technologies will derive any personal material benefit from this gift or match. This gift is a voluntary charitable contribution that fully complies with the guidelines of Symbol Technologies Matching Gifts Program attached to this form.

Authorized Officer's Name (Please Print)

Title

Signature of authorized officer

Date

Mail completed form and any required enclosures to:

**Symbol Technologies
Community Relations Department - MSA37
One Symbol Plaza
Holtsville, NY 11742**