

# Xerox Employee Matching Gifts Program



## To All Employees

Xerox believes that the healthiest and most efficient solutions to social problems are pluralistic in nature—those receiving support from business, government, foundations and individuals. This broad-based support ensures that non-profit institutions are not beholden to the interests of any one group.

In an effort to encourage Xerox people to support non-profit institutions of their own choice, Xerox provides several opportunities for employee participation. One such opportunity is the Xerox Employee Matching Gifts Program.

Your contributions to qualified four-year educational institutions, two year community colleges and junior colleges are matched by Xerox according to the guidelines described in this document. We hope you will read it and consider the Matching Gift program when you make your charitable decisions.

## General Provisions of the Programs

The Xerox Foundation will match employee gifts, ranging from a minimum of \$25 to a maximum of \$1,000 per institution each calendar year on a one-to-one basis. The contribution must be to qualified four-year educational institutions or a two year community or junior college.

The Foundation will match up to the maximum limit of \$1,000 for as many institutions as the employee wishes to assist. To be eligible, under the terms of this program, an organization must be tax-exempt as defined by the Internal Revenue Service of the United States Treasury Department.

## Contribution

- A gift must be an actual contribution made, not a pledge, and can be cash or securities at market value on the date of transfer.
- If securities are given, the value will be determined to be the last sale or published bid price on the date of the gift.

## Employee

- At the time of the contribution, the individual must be a qualified employee, which means a current employee, a director or a retired employee of Xerox Corporation.
- Spouses and domestic partners of qualified employees are also eligible under the terms of the program.
- For contributions to educational institutions, the qualified employee, spouse or domestic partner need not attend the school designated.
- Where both the qualified employee and spouse or domestic partner are contributing to the same institution, the combined total of their gifts eligible for matching cannot exceed \$1,000.

## Educational Institutions Eligible

- The institution must offer a four-year or a two year degree, and be located in the United States or in a U.S. possession. Such institutions would normally include universities, colleges, graduate schools and technical institutes which are accredited or approved by a nationally recognized accrediting agency.
- Alumni funds, foundations or associations are also eligible, provided they are properly certified by the institution with which they are affiliated and are recognized by the Internal Revenue Service as organizations to which contributions are deductible for Federal Income Tax purposes. National, regional, state and intercollegiate associations whose primary goal is financial support of higher education (e.g., New England College Fund, Independent Colleges of Southern California, etc.) are also eligible.

## Gifts Not Qualified For Matching

The Xerox Foundation will not match:

- Gifts to public or private elementary and secondary schools.
- Gifts to educational institutions that are not fully accredited.

- Payments for tuition, books or other student fees.
- Dues payable to national or local alumni groups.
- Subscription fees for publications.
- Bequests.
- Restricted gifts such as family scholarship funds and athletic subsidies.
- Libraries and museums affiliated with colleges and universities.

## How the Program Operates

- The employee should complete and sign Part A.
- The form along with the contribution should be mailed to the designated institution.
- An authorized official of the organization should complete and sign Part B thereby certifying the receipt and intent of the gift in accordance with the conditions of the program. The form should be returned to:  
The Xerox Foundation  
45 Glover Avenue - 6th Floor/P.O. Box 4505  
Norwalk, Connecticut 06856-4505
- The Foundation will match eligible requests for matching gifts periodically during each calendar year. Checks will be mailed to the President or managing director of the institution on an unrestricted basis.
- The interpretation, application and administration of the provisions of the matching gifts program shall be determined by the Board of Trustees of The Xerox Foundation and its decision shall be final.
- Questions regarding the program should be directed to: President, The Xerox Foundation, 45 Glover Avenue, Norwalk Connecticut 06856-4505.
- Matching Gifts forms can be obtained through the Forms Management internal website in Rochester, The Xerox Foundation, or from your Human Resources office.

## Part A - Employee

Fill out this part and mail the form along with your contribution to the named organization.

Enclosed is my personal gift of \$ \_\_\_\_\_ Date \_\_\_\_\_

If securities, etc. include value \_\_\_\_\_

Name of organization \_\_\_\_\_

**I hereby authorize the above named organization to verify this gift and report it to The Xerox Foundation, Norwalk, Connecticut, for the purpose of qualifying for a contribution under its Matching Gifts Program. I am currently employed by Xerox Corporation or a Xerox Company.**

Full name of contributor \_\_\_\_\_

Name of employee, if spouse or domestic partner is contributor \_\_\_\_\_

Employee # \_\_\_\_\_

Department and/or Subsidiary \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part B - To Be Filled Out by the Organization

Fill out this part of the form and mail to: **The Xerox Foundation  
45 Glover Avenue - 6th Floor/P.O. Box 4505  
Norwalk, CT 06856-4505**

**I hereby verify receipt of the above-stated gift:**

Name of Institution \_\_\_\_\_

President or Managing Director's Full Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Phone No. \_\_\_\_\_

This document must be accurate and complete.  
Please print or type. Do not submit electronically.