

## **Program Description - Matching Contributions for Education**

The International Paper Company Foundation will match contributions made by eligible employees to eligible educational institutions subject to the limits and conditions of the Matching contributions for Education Program as detailed below. Only gifts that support the institution's primary educational objectives will be met.

### **I. ELIGIBILITY REQUIREMENTS**

#### **A. ELIGIBLE PARTICIPANTS**

Participants must be full-time employees or directors of International Paper or full-time employees of one of International Paper's wholly owned US Subsidiaries. Neither Company retirees nor relatives of International Paper employees are eligible for participation. Contributions by checks signed by spouses will NOT be matched.

#### **B. ELIGIBLE INSTITUTIONS**

Public and private two- and four-year degree-granting colleges, universities, graduate and professional schools, seminaries, theological schools and secondary schools, which include grades 10-12 and which meet the following criteria are eligible to receive gifts from the Foundation under the Matching Contributions for Education Program. The institution must:

1. be located within the United States or one of its possessions
2. be accredited by a recognized accrediting association
3. be registered as a tax-exempt, 501(c)(3) organization, as determined by the Internal Revenue Service.

### **II. ELIGIBLE GIFTS**

#### **A. AMOUNTS TO BE MATCHED**

1. Gifts must be personal contributions made (not merely pledged) in the form of cash or securities (the applicable market value of which is that on the date the gift is received by the school). The Foundation will match up to a total of \$200 per employee per year to eligible institutions on a two-for-one basis, provided the employee so indicates on the application form. After the \$200 ceiling has been reached, gifts will be matched on a one-for-one basis up to a total of \$1,000 (in Foundation gifts).
2. The maximum amount the Foundation will contribute to one or more schools in response to any given donor's gifts is \$1,000 per calendar year. The minimum gift which will be matched is \$25.
3. The Foundation will make its matching grants payable directly to the educational institution. However, if the employee has contributed to a specific department, foundation, fund, etc., and wishes the Foundation's gift to be directed similarly, the employee may specify this in Part 1 of the Matching Contributions for Education form. Such gifts will be considered only if the recipient offices are integral parts of the institution and transmit all contributions to the eligible schools to promote educational programs or maintain educational facilities of the institutions.

#### **B. INELIGIBLE GIFTS**

Contributions ineligible for matching grants include but are not limited to:

- gifts used to subsidize athletic programs, including athletic scholarships;
- gifts made to athletic booster clubs;
- payment for tuition, student fees, books, subscriptions or other benefits to the donor, the donor's family or any other specified individual;

- gifts that in themselves or in combination with Foundation matching grants lead to the donor's receiving benefits or more than nominal monetary value, such as tickets to athletic events or options to purchase such tickets;
- membership dues payable to alumni groups or social or athletic clubs;
- gifts that were made with funds provided in whole or in part to the donor by other individuals, groups or organizations;
- insurance premiums or bequests;
- contributions to individuals research projects;
- contributions to support college radio or television stations;
- gifts intended to fulfill a person's pledges, tithes, or other church-related financial commitments;
- gifts given to a school or college as a means of ultimately supporting a third-party independent organization;
- any other payments which are not made as direct contributions or are not intended to further the educational program of the recipient institution.

### **III. ADMINISTRATIVE CONDITIONS**

The Program is administered by the directors and officers of the Foundation and may be suspended or changed by the Foundation directors at any time. The Foundation reserves the right to determine the eligibility of any gift or Grant under the Program. Proof of large contributions, in the form of canceled checks, may be required. Questions as to the interpretation, application, administration, or other aspects of the Program are decided by the directors and officers of the Foundation.

### **IV. PROGRAM OPERATION**

1. The donor completes section 1 of the form. All information must be provided for the application to be processed.
2. The donor must sign the form, verifying compliance with the Program guidelines outlined, and send the entire form to the Chief Financial Officer of the recipient institution.
3. An authorized financial officer of the institution must complete section 2 of the form, verifying compliance with the Program guidelines outlined, and forward the form to:

**International Paper Company Foundation  
Matching Contributions for Education  
400 Atlantic Street  
Stamford, CT 06921**

- 4) Upon receipt, the Foundation will review the form and after determining eligibility, will authorize payment of the matching contribution in accordance with the provisions of the Program. The Foundation reserves the right to request any additional information it deems necessary from the employee or the school before processing the application. Checks are sent to the institutions on a periodic basis.

**Forms received after 3 months from the date of the gift will not be processed for matching funds.**

<b>Matching Gifts Application</b> <b>International Paper Company Foundation</b> <b>Matching Contributions for Education Program</b>		<b>Instructions to Employee:</b> 1. Carefully review conditions and instructions of Program on page one. 2. Print in ink or type original form 3. Send form to institution with gift.
<b>1. To be completed by Employee</b>		
<b>Employee Information</b>		
Full Name		Personnel Number: Please enter your complete 8 digit Personnel # found in the upper left section of your pay stub.
Home Address (Street, City, State and Zip Code)		
Business Phone	Division or Subsidiary	Location
<b>Gift Information</b>		
Form of Gift <input type="checkbox"/> Cash or Check <input type="checkbox"/> Securities	Gift Amount \$	Exact Date of Gift
Do you want this gift to be matched \$2 for \$1? Yes <input type="checkbox"/> No <input type="checkbox"/> ( <b>NOTE PROGRAM LIMITS ON PAGE ONE</b> )		
<b>Recipient Institution Information</b>		
Name of Institution		
Name of Specific Department, Foundation, Fund, etc. ( <b>NOTE:</b> If not specific, the Foundation gift shall remain unrestricted.)		
I hereby certify that I have read the guidelines set forth by the Matching Contributions for Education Program and that this contribution is fully eligible under the guidelines and does not represent a payment directly or indirectly for services.		
Signature of Employee		Date
<b>2. To be completed by Recipient Institution</b>		
Name of Institution	Instructions to authorized financial officer of institution: 1. Complete application 2. Print in ink or type 3. Return entire form to:	
Address of Institution (Street, City, State and Zip Code)	International Paper Company Foundation Matching Contributions for Education 400 Atlantic Street Stamford, CT 06921	
Type of Institution: Public <input type="checkbox"/> Private <input type="checkbox"/> Level of Institution: Secondary <input type="checkbox"/> College/University <input type="checkbox"/>	<b>Note:</b> Documentation on accreditation and 501(c)3 status <u>must</u> be submitted by institutions that have not previously provided such information.	
EXACT Name of <b>Institution</b> as registered with IRS		
I hereby certify that a gift of \$_____ has been received on ____/____/____ from the donor indicated. I further certify that this school meets the qualifications for a matching contribution as outlined in the Program Description on page one of this form.		
In addition, I hereby certify that the donor will receive no benefits of any kind (e.g. tuition offsets, proprietary research, free or discounted tickets, etc.) as a result of the Foundation's matching contribution.		
<b>Signature of Authorized Financial Officer of Institution</b>		
		Phone: _____
Please Print Name & Title		
<b>3. To be Completed by the Foundation</b>		
Amount of Foundation Gift \$	Date Issued	Check Number
<input type="checkbox"/> 2:1 Met	<input type="checkbox"/> Yearly Maximum Met	