

# Matching Contributions Program

## Who May Participate?

Permanent full-time and part-time Babson Capital employees are eligible to participate in the program. Former employees who have left the company, including retired employees or those receiving benefits under a company disability plan, are not eligible to participate in the plan.

## Eligible Organizations

Eligible recipient organizations must operate on a not-for-profit basis and be located in and serve the people of the United States. They must also be certified for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

## Gifts Not Eligible For Matching

Gifts to the United Way or similar federated campaigns are not eligible to receive matching funds. Gifts to religious or fraternal organizations are also not eligible to receive matching contributions. Donations to or from donor advised funds (i.e. Schwab Charitable Fund, Fidelity Charitable Gift Fund, etc.) are not eligible through our matching gift program.

## Premium Plan

A donor who has designated an eligible institution as owner and beneficiary of a life insurance plan may qualify to have premium payments eligible for matching under the Premium Plan. Please indicate the policy number, date of payment and premium paid on the corresponding line of Part I of the Matching Contributions Program form. Premium payments must be made from personal funds.

Premiums paid by policy loan, alumni or class dues, loan repayments, bequests or any other contributions which substantially benefit the donor are not eligible for matching.

## What Gifts Qualify?

Gifts of \$50 or more made directly by an eligible employee to a qualifying institution will be matched on a one-for-one basis up to a maximum of \$2,500 per full-time employee per calendar year. Part-time employees are eligible to have donations matched up to a maximum of \$1,000 per calendar year. Any number of gifts will be matched subject to a per donor maximum per calendar year.

Gifts must come from the donor employee's personal funds. Each matching gift will be for the same purpose as the donor's gift as long as the Committee for the Matching Contributions Program determines that it falls within the scope of the guidelines. If no purpose is specified by the donor, the matching gift will be unrestricted.

### **Inquiries & correspondence should be directed to:**

Babson Capital Management LLC  
Matching Contributions Program  
Attention: Matching Gifts Coordinator  
Independence Wharf  
470 Atlantic Avenue  
Boston, MA 02210  
Phone: 617.225.3800 / Fax: 413.226.3873

## Administration

1. Complete Part I on the reverse side of this form and send the entire form with your contribution to the organization. The completed form must be received by Babson Capital by January 31<sup>st</sup> in order for it to be processed toward your previous year's matching contribution balance.
2. After receiving a contribution, an authorized officer of the institution completes Part II of the form and returns the entire form to Babson Capital Management LLC. The form can be mailed, faxed (413.226.3873), or emailed to MatchingGifts@BabsonCapital.com.
3. Upon verification of the eligibility of the donor, gift and the organization, Babson Capital Management LLC will issue a matching gift and will notify the donor that payment has been made.

The Matching Contributions Program is not to be construed as creating a pledge or legal obligation of Babson Capital Management LLC. The Company reserves the right to change or withdraw the Matching Contributions Program, or any portion thereof, without notice, to decide any question of interpretation, and to restrict the total gifts matched in any one year to the sum authorized by the Company.

# Matching Contributions Program

## Part One

**Employee:** Complete this part and mail entire form to institution.

### Employee

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

MIP Code: \_\_\_\_\_

### Premium Plan

Cost Center #: \_\_\_\_\_

Policy Number: \_\_\_\_\_

MM #: \_\_\_\_\_

Premium Paid: \$ \_\_\_\_\_

Gift Amount: \$ \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Date Gift Sent: \_\_\_\_\_

Fund Designation: \_\_\_\_\_

I hereby certify that the above entries are true and accurate, that this gift meets all of the conditions stated on the reverse side of this form, including the stipulation that neither I nor any individual designated by me has received or will accept a benefit of more than nominal monetary value as a result of this gift or its matching by the program. I certify that the donation described is my personal donation and is made from my personal funds. In addition, I certify that this contribution is given in accordance with the Political Contribution and Charitable Contribution Policy and is not being put towards any Political Activity (which includes, among other things, contributions intended to benefit campaigns for any elective office whether that be state, local or federal).



Signature of Donor

*Gift will not be matched without legal signature.*

## Part Two

**Institution:** Complete this part and mail entire form to address below.

As an authorized officer of this organization, I hereby affirm that the gift described in Part I of this form has been received by this organization, which is recognized as a non-profit, tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, this organization is qualified to apply for matching funds under the guidelines of the Babson Capital Management LLC Matching Contributions Program. I also affirm that no goods or services were provided to the donor in return for their gift.

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized Officer Name: \_\_\_\_\_

Authorized Officer Title: \_\_\_\_\_

Signature of Authorized Officer: \_\_\_\_\_



*Gift will not be matched without legal signature.*

Date Gift Received: \_\_\_\_\_

### Mailing Address:

Babson Capital Management LLC  
Matching Contributions Program  
Attn: Matching Gifts Coordinator  
Independence Wharf  
470 Atlantic Avenue  
Boston, MA 02210

### Fax:

413.226.3873

### Email:

MatchingGifts@BabsonCapital.com

**Submission Deadline:** January 31<sup>st</sup> for previous calendar year