

## The Program

Autoliv believes that giving improves the quality of life. Our Matching Gifts Program is designed to enhance contributions made by employees to qualifying non-profit organizations by matching gifts on a one-for-one basis. The program also gives employees a voice in selecting organizations to be funded by Autoliv ASP, Inc.

## Qualifying Donors

- Current U.S.-based Autoliv employees who have been employed continuously during the ninety-day period preceding his/her contribution

## Non-qualifying Donors

- Spouses or surviving spouses of Autoliv employees
- Retired employees

## Qualifying Organizations

All organizations must be tax-exempt under Section 501(c)(3) of the Internal Revenue Code to qualify for a matching gift. Autoliv matches contributions in the following four areas:

- Higher education
- Culture and the arts
- Civic development
- Health and human services

## Non-qualifying Organizations

- National or local media associations
- Amateur, recreational, or neighborhood associations
- Political affiliations
- Endowments or private foundations
- Non-educational religious organizations
- Individual scholarships
- Sponsorships
- Sports organizations or programs
- Elementary and secondary school organizations
- United Way

## Qualifying Contributions

- Gift must be \$25 or more to be eligible for the match
- Gift maximum per employee is \$1,000 per calendar year
- Cash, check or equivalent, or credit card

## Non-qualifying contributions

- Subscriptions, memberships, and unpaid pledges
- Luncheons, dinners, advertising, or tickets
- Insurance premium payments
- In-kind gifts (i.e. office equipment, furniture, clothing, etc.)
- Personal services
- Donations that give specific benefit to individuals or donors of more than nominal value

## Application Procedure

### Employee

- Complete Section A of the Matching Gifts Request Form
- Send form and cover instructions to the recipient organization

## Recipient Organization

- Complete Section B of the Matching Gifts Request Form
- Send completed form (originals only) to:

*Autoliv ASP, Inc.  
Matching Gifts Program  
Human Resources –  
Dawn Imesch  
1320 Pacific Drive  
Auburn Hills, MI 48326*

## Matching Gifts Program Administration

- Upon receipt of the Matching Gifts Request Form, Autoliv's program coordinator will verify the eligibility of the organization and the gift.
- Matching gifts are processed on a quarterly basis, with a fiscal year end on December 31 each year. All completed applications received after December 15 are processed and paid during the next fiscal year.
- Although an employee's gift may be designated for a specific use, all matching gifts are for unrestricted use.
- Donors and recipients will receive notification of matching donation status.
- Autoliv reserves the right to amend, suspend or terminate its Matching Gifts Program at any time without prior notice.

NOTE: Please include this page with your completed form and gift in order for the gift recipient organization to better understand our Matching Gifts Program.

# MATCHING GIFTS FORM

## SECTION A

This section is to be completed by the employee.

Please type or print:

### Employee Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Autoliv Location \_\_\_\_\_

Autoliv Phone \_\_\_\_\_

### Information About Your Contribution

Organization Name \_\_\_\_\_

\_\_\_\_\_

Date of Contribution \_\_\_/\_\_\_/\_\_\_ (month/day/year)

Amount of Contribution \$ \_\_\_\_\_  
(\$25 minimum with a \$1,000 maximum)

*This contribution is to be matched on a \$1-for-\$1 basis.*

*I understand that matching will be made only for a cash, check or equivalent, or credit card contribution.*

*This is my own contribution, and it is not payment for tuition, services, subscriptions, tickets, memberships, dues or other exclusions listed on the cover page of this form.*

Signature \_\_\_\_\_

## SECTION B

This section is to be completed by the gift recipient.

*The contribution described in Section A of this form was received by the organization below. This organization is a non-profit group that has been determined tax-exempt under Section 501(c) (3) of the Internal Revenue Code. I certify that this contribution is not payment for tuition, services, subscriptions, tickets, memberships, dues or other exclusions listed on the cover page of this form. Further, the organization qualifies for the Autoliv Matching Gifts Program as outlined on the reverse side of the form.*

Please type or print:

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_  
(as it appears on 501(c) (3) IRS Determination Letter)

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Date \_\_\_\_\_

Amount of Contribution \$ \_\_\_\_\_

Mail this Matching Gifts Request Form to:

*Autoliv ASP, Inc.  
Matching Gifts Program  
Human Resources –  
Dawn Imesch  
1320 Pacific Drive  
Auburn Hills, MI 48326*

## SECTION C

This section is to be completed by the Matching Gifts Program coordinator.

Date Received \_\_\_\_\_

W-9 on File \_\_\_\_\_

Verification of employment and eligibility:

Signature \_\_\_\_\_  
(Matching Gifts Program coordinator)

## SECTION D

Matching Gift Confirmation by Autoliv ASP, Inc.

Date Paid \_\_\_\_\_

Amount Paid \_\_\_\_\_

Your contribution to the above organization has been matched by the Matching Gifts Program of Autoliv ASP, Inc. We are pleased to join with you in strengthening the areas where we live and serve.

This form is acknowledgement of your gift.