

Olin Corporation Charitable Trust

Matching Gift Plan

(see Reverse Side for Plan Summary and Instructions)

PART A

DONOR INFORMATION - Must be completed (Please PRINT)

NAME: FIRST	MIDDLE	LAST	SOCIAL SECURITY NO.
YOUR ADDRESS: Street Address			DIVISION / LOCATION
CITY	STATE	ZIPCODE	EMAIL ADDRESS
PRESENT WORK STATUS			
<input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Director Date Retired: _____			

CONTRIBUTION INFORMATION:

RECIPIENT ORGANIZATION:	DATE OF CONTRIBUTION	AMOUNT
MAILING ADDRESS:	TYPE OF GIFT:	
	<input type="checkbox"/> Check <input type="checkbox"/> Other (specify) _____	
CITY:	STATE:	ZIP CODE:
RELATIONSHIP TO THE ORGANIZATION:		
<input type="checkbox"/> Alumnus <input type="checkbox"/> Parent <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (specify) _____		

I hereby authorize the recipient institution named above to report this gift to the OLIN CORPORATION CHARITABLE TRUST for the purpose of qualifying for a contribution from the Trust in accordance with the provisions of its plan for matching gifts by Olin Corporation employees.

Employee Signature _____ Date _____

PART B

RECIPIENT ORGANIZATION INFORMATION

I hereby certify that the contribution described above was received by:

Name of Organization: _____ EIN#: _____

Address: _____

City: _____ State: _____ Zip: _____

amount \$ _____ on _____ from _____
Name of Olin Corporation Employee

of which \$ _____ is the tax deductible portion, and that the organization qualifies under the provisions of this plan as stated on the reverse side of this form and the attached IRS Letter of Determination is appropriate and current.

*See Below:

Return validated form to:

Olin Corporation Charitable Trust
P.O Box 7215
Princeton, NJ 08543-7215
(800) 480-4438

Signature of Authorized Officer

Name & Title (please print)

Date Certification is Mailed

* This form must be forwarded by the recipient organization to the Olin Corporation Charitable Trust within three months of receipt of employee's contribution in order to be eligible for participation in the matching gift plan.

** Recipient organizations are required to attache a current copy of the IRS LETTER OF DETERMINATION showing the 501(c)(3) tax status. Failure to do so will automatically disqualify applicants.