

O-I Application for Matching Gifts

PART A

Date

Name of Organization to which you are contributing

Enclosed is a financial gift forwarded as my part of the Matching Gifts Program of O-I, Inc. (check one if applicable)

Educational Social & Environmental Arts & Culture

Description or value of cash or in-kind contribution

Specific Purpose of Gift

Employee Signature

Print or Type Name

Street

City, State and Zip Code

Date of Employment

O-I Group/Division

Location

The verification below must be completed by the nonprofit organization and returned to the donor who will forward to the O-I Charities Foundation. An on-line receipt with the organization URL visible is also effective as verification.

PART B - *To be returned to donor.*

The individual gift described above, with a total value of \$ _____ was received on _____.

Signature

Print Name

Title

Name of Organization

Street

City, State and Zip Code

O-I Employees To Return Completed Form To:

**Owens-Illinois, Inc.
Charities Foundation
Fund Administrator
One Michael Owens Way, Plaza one
Perrysburg, Ohio 43551-2999
charities.foundation@o-i.com**