

ANDIS FOUNDATION MATCHING GIFT PROGRAM

PURPOSE

The program is designed to encourage generous Andis Company associates by increasing the impact of their qualified gifts. Andis Foundation will match eligible donations to U.S. nonprofit organizations. Gifts supporting Racine County are the highest priority, while gifts impacting southeastern Wisconsin, Wisconsin and the U.S. will be considered in descending order.

ELIGIBLE INDIVIDUALS

- Regular full or part time associates, employed at least one year at the time of the gift
- Company Board of Director members
- Foundation Board of Director members
- Retired company officers

ELIGIBLE ORGANIZATIONS

Nonprofit tax-exempt organizations, recognized by the U.S. Internal Revenue Service under Section 501(c)(3) and 509(a)(1) or 509(a)(2), are eligible for support if the organization aligns with the Andis Foundation's mission and values:

Mission: help build strong families and develop thriving kids, and foster a vibrant community.

Values: Excellence, Integrity and Respect.

See www.Andis.org for more information.

HOW THE PROGRAM WORKS

The Andis Foundation will match your qualified donation of \$25 or more, dollar-for-dollar. The combined maximum amount matched per associate is \$250 per year. Donations will be matched on a bi-annual basis, after reviewing all requests. Submit match applications within 90 days after your gift is made.

To be eligible for matching, your donation must be paid – not merely pledged. Gifts may be made in the form of cash, check, or credit card. The Foundation cannot match a gift pledged by an associate prior to the start of this program, or otherwise legally bound by the associate, nor to a charity controlled by the associate or any board member of the Foundation.

The Andis Foundation's board of directors are responsible for the awards, and retains the right to determine matching eligibility, set the maximum total program match, and all terms of the program. Contact the Andis Foundation office with any questions at 262.884.2626 or Matching@Andis.org.

RESTRICTIONS and NON-ELIGIBLE GIFTS

- *Gifts or donations made to private foundations or individuals*
- *Donations made to individual, family, or group memberships in organizations*
- *Pooled funds from a number of individuals*
- *Payments that cover the costs of services, tuition, books, student fees or alumni dues*
- *Amounts payable as dues or subscription fees for publications or otherwise, or insurance premiums*
- *In-kind services, materials, or supplies*
- *Payments to satisfy legal obligations or pledges*
- *Donations to partisan political organizations, candidates or to support specific legislation*
- *Gifts made to organizations that practice discrimination or support acts that violate human or animal life*
- *Tickets for benefit dinners or events*
- *Donations made to Donor Advised Funds, unitrust or charitable remainder organizations*
- *Donations made by spouses, surviving spouses or dependents*
- *Donations made to religious organizations (churches, synagogues, mosques and other houses of worship) or other organizations primarily promoting religious purposes. Gifts made to these organizations and other faith-based community service organizations or schools may be considered eligible if they are certified as 501(c)(3) and their programs: are open to all individuals in the community regardless of religious belief; serve a secular purpose, such as a food pantry, homeless shelter, etc; do not require participation in prayer, worship, or other religious activities as a condition of receiving service; and do not use the individual donation or resulting match for religious purposes.*
- *Donations made to organizations that do not comply with the USA Patriot Act (or other applicable anti-terrorism rules/laws)*

ANDIS FOUNDATION MATCHING GIFT APPLICATION

SECTION ONE – TO BE COMPLETED BY ANDIS ASSOCIATE		
1. Complete this section in entirety within 90 days of your gift. Incomplete applications cannot be processed. 2. Sign completed form. Signing the form indicates permission for the Foundation to verify your employment at the time of the gift. It also grants permission to the nonprofit to provide information about your gift. 3. Obtain HR designee signature. 4. Associate sends form to nonprofit organization. The organization is responsible for verifying the gift information and submitting the form to the Andis Foundation.	Associate Name Email	
	Home address	
	City State Zip	
	Date of gift (M/D/Y) Type of gift (Cash, check, credit card)	
	Amount of gift \$ (\$25 minimum) Gift Purpose - Unrestricted or Restricted for:	
	Nonprofit Organization's Name Nonprofit's Phone	
	Nonprofit's Street address	
	City State Zip	
<i>I certify that my gift qualifies for a match, that I am under no legal obligation to make this gift due to a prior pledge or other reason, nor do I control this organization, and that neither I nor any member of my family has received or will accept a personal benefit of more than nominal value from this organization due to this gift.</i>		
Associate Signature X	Retired company officers check here: ☐	Date
SECTION TWO – TO BE COMPLETED BY ANDIS HR		
Employment Verification requires Signature of HR designee X		Date
SECTION THREE – TO BE COMPLETED BY NONPROFIT ORGANIZATION		
1. Complete Section 3 to verify donor's gift information in Section 1. 2. A signature by an officer of your organization confirms receipt of the gift and certifies that your organization has maintained its 501(c)(3) nonprofit and public support status with IRS. 3. Attach a copy of your IRS 501(c)(3) letter. 4. Return to: Matching@Andis.org or ANDIS FOUNDATION 1800 Renaissance Blvd Sturtevant, WI 53177	Name of Authorized Officer Email or phone #	
	Title 	
	Tax Exempt Amount of Gift \$ Federal ID Number:	
	Date gift received 	
	<i>I certify that this gift was made by the individual named and has been received by this institution or organization. I also certify that it meets all the conditions of the Andis Foundation Matching Gift program listed.</i>	
	Signature Date	
X 		
SECTION FOUR – FOR FOUNDATION USE ONLY		
Date application received	Matching gift amount \$	Check No.
Match limit verified	Program Director initials	Date payment date