



The Dana Charitable Foundation will match 50% of donations made by full-time Dana employees, retirees, and board members to accredited educational institutions. Qualifications for matching gifts: 1) donations must be made to qualified educational institutions **(Note: Gifts to booster clubs and other such organizations affiliated with an institution but without an educational purpose, and the payment of alumni dues, tuition, or fees do not qualify for matching funds.);** 2) the minimum donation per application that qualifies for a match is \$100 (matched at \$50), with a maximum of \$5,000 (matched at \$2,500) per person for the calendar year; 3) only one gift per person per institution in a given calendar year will be matched. The Foundation will continue to match your gifts to other qualified educational institutions until your maximum of \$2,500 is met.

To make a contribution under the Matching Gifts Program, complete Part A of this application form and ask your Human Resources Business Partner to complete Part B – verifying your eligibility to participate in the program. [Note: Dana retirees must also verify retirement status through Human Resources.] Send the form, along with your contribution, to the qualified institution of your choice. A responsible financial officer of the institution must complete Part C and return the form to the Dana Charitable Foundation. Requests for Matching Gifts must be received by the Foundation within 12 months of the date the gift was made.

All parts of this form must be completed to ensure your gift is matched without delay. Applications that are not properly completed will not be processed.

**Part A** *To be completed by the donor and forwarded to the Human Resources Business Partner.*

I am making a contribution in the amount of \$\_\_\_\_\_ to the institution listed below, and I certify that this gift is for educational purposes and will **NOT** be applied to tuition, alumni dues, fees, booster clubs or other such organizations affiliated with the institution.

**x**

\_\_\_\_\_  
DONOR'S SIGNATURE DATE

\_\_\_\_\_  
PRINT OR TYPE NAME

\_\_\_\_\_  
DONOR'S ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
NAME OF INSTITUTION

**Part B** *To be completed by the Human Resources Business Partner and returned to the donor.*

I hereby verify that \_\_\_\_\_  
[DONOR NAME]

\_\_\_\_\_  
DONOR'S ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

Employee I.D. # \_\_\_\_\_ is eligible to participate in the Dana Foundation Matching Gifts Program as an active, full-time employee, or an eligible director or retiree of Dana Incorporated and its domestic subsidiaries.

**x**

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
PRINT OR TYPE NAME AND TITLE

\_\_\_\_\_  
UNIT OR FUNCTION / FACILITY NAME

**Part C** *To be completed by the institution & returned to the Dana Charitable Foundation.*

I hereby verify that the gift described in Part A in the amount of \$\_\_\_\_\_ was received on \_\_\_\_\_ by this institution. DATE

\_\_\_\_\_  
PRINT NAME OF INSTITUTION

\_\_\_\_\_  
ADDRESS OF INSTITUTION

\_\_\_\_\_  
CITY, STATE, ZIP CODE

*I certify that this educational institution is accredited by its appropriate agency and the purpose for which this gift will be used is tax deductible under federal income tax law. I further certify that this gift will **NOT** be applied to tuition, alumni dues, fees, booster clubs, or other such organizations affiliated with the institution.*

**x**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT OR TYPE NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PHONE NUMBER

*Please return completed form to:*

**Dana Foundation  
P.O. Box 1000  
Maumee, Ohio 43537**