

Matching Employee Gifts Program Application Form

Nokia matches employee donations at 50% up to \$500 per gift.

Part A – To be completed by Employee

Name: _____ SS#: _____ Badge #: _____

I am a Nokia (circle one): Employee Retiree

My Human Resource contact name and phone number: _____

Complete work address (include department, business unit and location): _____

Office Phone: _____

Retiree/LOA Employee home address: _____

Daytime Phone: _____

I am enclosing a check for: \$ _____

Complete name of non-profit organization: _____

Purpose for which gift will be used: _____

Employee Signature: _____ Date: _____

Email Address: _____

Part B – To be completed by non-profit Organization

Organization name and address: _____

Phone number: _____

Type of organization (e.g., arts, environmental, health, educational, human services, etc.) _____

I verify receipt of the tax-deductible gift of \$ _____ and certify that:

- a) no direct tangible benefit will accrue to the Nokia employee donor;
- b) the gift will be used to support the primary objectives of the organization;
- c) this organization has qualified for federal income tax exemption under Section 501(c) 3 or 509 (a) of the Internal Revenue Code (not required for public schools, public hospitals or government entities);
- d) this organization operates in accord with the Nokia Giving Policy and does not discriminate against any person or group on the basis of age, political affiliation, race, national origin, ethnicity, gender, sexual orientation, disability, or religious belief.

Print name: _____ Date: _____

Title: _____ Federal Tax ID No.: _____

Signature: _____

Attach a copy of your organization's IRS 501 (c) 3 or 509 (a) letter and return it with this form to:

Nokia
Matching Employee Gifts Program
Corporate Communications
6000 Connection Dr.
Mail Stop 1.9.980
Irving, TX 75039