EDUCATION MATCHING GIFT PROGRAM

Why We Have It
The A. O. Smith Foundation recognizes that financial support of education is perhaps the most important investment an individual can make in the future. To assist these institutions of higher learning and encourage employee support of education, the Foundation operates a Matching Gift Program (MGP).

Who Is Eligible to Give?
• A. O. Smith Corporation (AOS) employees, based in the United States, with a minimum one year of continuous full-time service.
• AOS employees on temporary assignment outside the United States.

Which Institutions are Eligible to Receive?
• All secondary schools; four-year colleges and universities; junior colleges; community colleges; graduate and professional schools; technical and specialized schools.
• The institution must also be recognized by the IRS as a tax-exempt institution under 501(c)(3) to which contributions are deductible for federal income tax purposes.

Limitations
• Minimum ~ $25 to one school
• Maximum ~ $3,000 total for each donor per calendar year

MGP will match gifts to the school itself or to a foundation whose money goes entirely for the benefit of the institution. The Foundation portion of the gift will be unrestricted, even though the donor may specify their portion for a particular purpose.

What May I Donate?
MGP will match gifts of cash (in the form of check or money order) or securities that have a quotable market value, such as stocks or bonds. Matching gifts in the form of securities will be based on the quoted value of the security at the time of the legal funds transfer to the institution.

Gifts must be actual contributions – pledges are not eligible until they are fulfilled.

What Gifts Are Ineligible?
The Foundation will not match tuition payments or other student expenses; alumni dues payments; non-direct or third party gifts; bequests; insurance premium payments; gifts to independent scholarship funds; gifts to fulfill tithes or other church-related commitments; gifts to seminaries or other theological institutions; donations of real estate; gifts to be used for athletic subsidy, including athletic scholarships.

To Apply For a Gift
Fill in Part I of the application on the opposite side of this brochure. Mail it along with your check or gift, to the college or university. Do not send your check to the Foundation. The institution, in turn, will fill in Part II and return the application to the Foundation.

The MPG fiscal year is January 1 through December 31.
MGP matches gifts on a quarterly basis as of March 31, June 30, September 30 and December 31. Checks are sent to institutions within 60 days after the close of each quarter. For a gift to be eligible for matching in the quarter it is made, the Program Administrator must receive from the institution an acknowledgment of the gift by the last day of the quarter. If the acknowledgment is received after the quarter ends, the matching gift will be made as of the end of the following quarter. The employee will be sent an acknowledgement from the Foundation.

General Information
If you have any questions about the Matching Gift Program, please contact your human resources department or write to:

A. O. Smith Foundation
Program Administrator
P. O. Box 245008
Milwaukee, WI 53224-9508

AOS or the Foundation may suspend, change or terminate this program at any time. The Foundation’s Program Administrator is responsible for all interpretation, application and administration of the Education Matching Gift Plan.

The Foundation’s obligation to match contributions is subject to its having available funds for that purpose. The directors of the fund reserve the right to allocate available resources in any manner they elect should adequate funds not be available to match all qualifying contributions in any year.

PLEASE DO NOT SEND YOUR CHECK TO THE FOUNDATION.
EDUCATION MATCHING GIFT APPLICATION

Part I. Employee: Please Complete and Mail Entire Application to the Eligible Institution along with Your Gift.

I enclose my gift of $___________ dated ___________ or ______ bonds/shares of _______________________________ valued at $__________ on the day of transfer to
_________________________________________________________________________________
Name of Institution (One Per Application)

_________________________________________________________________________________
Your Name (Please Print)                                                                                                                                                         Your Division / Location
_________________________________________________________________________________
Home Address                                                                                                                                                                 Your Company ID / Clock No.
_________________________________________________________________________________
City                                                                              State                  ZIP                                                   Signature
____________________________________________________________________________________________________________________________________________

Part II. Education Institution: Please Complete and Mail Entire Application to the Address Below.

As an authorized officer of _______________________, I certify that a gift of $_____
Name of Institution
or ______ bonds/stocks was made on __________ by ________________________
Date of Gift                                         Please Print Name of Donor

I also certify that the gift qualifies under the conditions set forth in this application describing the Matching Gift
Program and that this institution meets the eligibility requirements of the Program.

_________________________________________________________________________________
Name of Institution (Please Print)                                                                                                           Name of Certifying Officer
_________________________________________________________________________________
Address                                                                         City                                                                   State                                         Zip
_________________________________________________________________________________
Signature                                                                                                                                                                             Date of Certification

When both Part I and II have been completed, please mail to: A. O. Smith Foundation
Program Administrator
P. O. Box 245008
Milwaukee, WI 53224-9508