



Ericsson Inc.
6300 Legacy Dr
Plano, TX 75024
Attn: EVR1-C-1

Matching Gifts Program

Date: _____

To be completed by employee and sent with check to institution (please print or type).

Enclosed is my personal gift - **Amount:** \$ _____ **Check Number:** _____ **Date of Check/Transaction:** _____
(\$100.00 minimum - \$1,000.00 maximum per calendar year.)

To: (Nonprofit, tax exempt public charity or institution) _____

I hereby authorize the above named institution to verify this gift and report it to ERICSSON for the purpose of qualifying for a contribution under its Matching Gift Program. I am currently a regular, full-time salaried employee of ERICSSON.
I understand that all matching gifts made by ERICSSON are considered to be unrestricted grants to the institution regardless of the specific designation of my gift.

Signature: _____

Name: (please print) _____

Employee

Number: (must be completed) _____

Work Location (example: Richardson, Lynchburg, RTP, etc.) _____

When we have completed the Matching Gift Process, we will send you a confirmation through e-mail, if you do not have e-mail, we will send the confirmation to your Room/Mailstop/Work location.

E-mail Address: _____

OR

Mail Stop/Room: _____

Home Mailing Address (for Retirees only):

To be completed by institution – forward original to ERICSSON.

I hereby verify receipt of the above stated gift, and I verify that this institution is a nonprofit, tax-exempt public charity or institution.

Amount: \$ _____ Signature: _____ Date: _____

Forward matching gift contribution to the attention of:

Name of Institution: (as it should appear on matching gifts check) _____

Contact Name: _____ Title: _____

Mailing Address: _____
