

U.S. Associate Matching Gift Program

MATCH GUIDELINES FOR U.S. ASSOCIATE MATCHING GIFT PROGRAM

The Avon Foundation will match minimum contributions of \$25, up to a maximum of \$15,000, per associate, per calendar year to eligible 501(c)(3) organizations. Each calendar year, the Avon Foundation will provide a 2:1 match to charities up to a maximum of \$500, and a 1:1 match for all gifts exceeding \$500, up to a maximum of \$15,000.

In order to count toward the 2008 match year, online gifts and match requests must be recorded on or before 12/31/2008 and paper forms must be postmarked no later than 12/12/2008. For a paper form match request, we recommend that you notify the charity of this deadline to ensure your gift is recorded in fiscal 2008. If needed, forms can be faxed to 202-903-2587.

Online gifts and match requests made on the GivingStation as of 1/1/2009, or paper forms postmarked after 12/12/2008 will be counted against the 2009 match year.

Contributions must be personal gifts made by cash, credit card, check, stock, one-time payroll deductions or bi-weekly payroll deductions and must be from the donor's own assets. Stock will be valued at the closing market price on the date of receipt by the recipient (institution, organization). Each associate's individual, eligible contribution will qualify as a deduction on his/her tax return.

Participants may make gifts to more than one eligible organization and need not be alumni or be associated with the organization or institution to which they give.

ELIGIBLE PARTICIPANTS

All full-time, regular U.S. associates of Avon Products, Inc. may participate in the U.S. Associate Matching Gift Program. Members of the Board of Directors of Avon Products, Inc. and the Avon Foundation are eligible to participate in the U.S. Associate Matching Gift Program.

ELIGIBLE CONTRIBUTIONS

All nonprofit 501(c)(3), federally tax-exempt institutions and organizations in the United States.

A contribution must meet all of the following conditions:

- It must be a 501(c)(3) charitable contribution.
- The gifts must be a PERSONAL contribution from the associates own assets, not a contribution of collected funds provided by other individuals, groups or organizations.
- It must be an actual donation in the form of cash, credit card, check, payroll deduction or stock

A donor may request the organization to restrict his/her gift as long as each of the above criteria is met.

INELIGIBLE CONTRIBUTIONS

The Foundation reserves the right to deny matching any contributions to any recipient that in the Foundation's sole discretion, does not meet the criteria of this program.

The Foundation will NOT match gifts to:

- Churches and religious organizations. Religious and spiritual 501(c)3 charities are eligible only if they provide services to the community at-large regardless of faith and are not evangelistic in nature.
- Political organizations.
- Special events that benefit an organization (run-a-thons, bike-a-thons, walk-a-thons, etc.)
- Gifts are ineligible that, in themselves or in combination with the Foundation matching gift, lead to the donor receiving benefits of more than nominal monetary value such as tickets to cultural or athletic events, benefit luncheons or dinners, or options to purchase tickets.
- Organizations that do not comply with the USA Patriot Act.

Also, the Foundation will not match gifts that are:

- For the private benefit of individuals.
- In the form of premiums or insurance, under which the institution is the beneficiary.
- Real or personal property (other than cash or securities).
- Deferred or pledge gifts.
- Bequests.
- Memberships.
- Tuition.

FOUNDATION CRITERIA

The Foundation reserves the right to suspend, amend, revoke or terminate this program at any time without notice.

The interpretation and administration is determined by the Avon Foundation, and its decision is final.

The Foundation reserves the right to request audit of the organization's records and documents pertaining to this program, and to request donor documentation necessary as a prior condition to any matching donation under this program.

If a matching gift is at anytime found to have been generated by an ineligible gift, the Foundation will expect the return of its gift.

EVERY GIFT IS IMPORTANT



Avon Foundation U.S. Associate Matching Gift Program Match Form (To Make A Match Request On Paper)



This form is intended for associates who have already made a donation directly to the charity, or prefer to make a match request on paper rather than through the GivingStation website (www.givingstation.com/avon). Note: Complete a separate form for each charity.

A EMPLOYEE INFORMATION: Section A is to be completed by the Avon associate. Please print clearly and complete all information required. Once you have completed Section A, mail the form along with your gift or official receipt of a previously made gift to the recipient nonprofit organization.					
PRINT LAST NAME		PRINT FIRST NAME		MIDDLE INITIAL	EMPLOYEE ID # (required) *
HOME ADDRESS			HOME ADDRESS CONTINUED		
CITY	STATE	ZIP	E-MAIL ADDRESS		
PHONE #		AVON LOCATION		EMPLOYMENT DATE	
Donation Information:					
TAX-EXEMPT ORGANIZATION NAME				GIFT AMOUNT	
				\$ _____	
PROGRAM DESIGNATION (if applicable)			CONTRIBUTION TYPE (check one)		
			<input type="checkbox"/> Check <input type="checkbox"/> Online Gifts <input type="checkbox"/> Stock: # of shares _____ symbol _____		
Match Request:					
I qualify as an eligible donor to make this gift under the terms stated in the Avon Foundations U.S. Associate Matching Gift Program guidelines. I also authorize the above recipient to report my individual gift to the Avon Foundation.					
EMPLOYEE SIGNATURE (required) X _____				DATE OF GIFT (mm/dd/yyyy)	
				____ / ____ / ____	

B NONPROFIT INFORMATION: Section B is to be completed by a qualified officer at the recipient organization. Please print clearly and complete all information required. Once you have completed Section B, please mail the form and a copy of the donation along with your organization's IRS tax exemption letter to the address below.					
TAX-EXEMPT ORGANIZATION NAME (required)				FEDERAL TAX ID (9 DIGIT EIN #) (required)	
				____ - ____ - ____	
STREET ADDRESS			STREET ADDRESS CONTINUED		
CITY	STATE	ZIP	PHONE NUMBER (required)		
WEB ADDRESS (If you do not have a website, attach a brochure describing your organization's programs and mission.)			E-MAIL ADDRESS (required)		
Donation Verification: (For gifts of security or gifts exceeding \$1000, in order for this form to be processed, you must provide satisfactory substantiation: copy of check or money order, credit/charge card receipt, or evidence of securities transfer (which includes the published closing price of stock on date of transfer).)					
GIFT DATE (mm/dd/yyyy)		GIFT AMOUNT (see note above**)		TAX DEDUCTIBLE AMOUNT	
____ / ____ / ____		\$ _____		\$ _____	
As the above organization's treasurer or financial officer, I hereby certify that:					
<ul style="list-style-type: none"> • We received the above stated contribution from the associate above and that the donation represents a charitable contribution and the donor derives no material benefit (e.g. dinner, raffles, and/or sporting event tickets, sponsorships, golf tournaments (incl. participation), parking privileges, dues credits, membership, tuition etc.) as a result of this gift. • This gift is not, in whole or in part, the gift of another individual or the sum of gifts of other individuals. • This organization complies with the eligibility guidelines of the Avon Foundation U.S. Associate Matching Gift Program and adheres to accepted financial and record-keeping practices and will furnish upon request an annual report, financial statements and lists of subcontractors and affiliates. • This organization is classified by the U.S. Internal Revenue Service to receive tax-exempt contributions under 501(c)(3) of the code. • This organization takes reasonable steps to ensure that grant funds or resources are not ultimately distributed to terrorist organizations or used to support terrorist or violent activity. 					
I understand that abuse or failure to comply with any of the above may result in permanent termination of the organization's gift matching privileges and may lead to other disciplinary action.					
NAME			TITLE		
NONPROFIT SIGNATURE (required) X _____				DATE (mm/dd/yyyy)	
(Note: If you have never received a match from this company, you will be contacted to complete a compliance form. Failure to complete this compliance form will result in declination of the match.)				____ / ____ / ____	

Avon Associates: Once you have completed Section A, mail the form along with your gift or official receipt of a previously made gift to the recipient nonprofit organization. Forms must be received back at the GivingStation by December 12th in order to count against the current calendar year match limit.

Nonprofit Organization: Once you have completed Section B, please mail the form and a copy of the donation along with your organization's IRS tax exemption letter to the address below. Forms must be received at the address below by December 12th in order to count against the employees current calendar year match limit.

Avon Foundation U.S. Associate Matching Gift Program
P.O. Box 39990
Washington, D.C. 20016

For questions about the Avon Foundation U.S. Associate Matching Gift Program, please contact the GivingStation Support Center at 1-866-419-1664. If you do not have your employee ID or cannot remember the year you started, please call HR Tomorrow 1 (877) 781-1960.