

## Instructions

### Employee Instructions:

- Print or type **Part A** only
- If you have made your contribution online and received a receipt from the organization, please complete Part A and return the form to the address at the bottom of the page
- If you are donating by mail, please send this form, together with your contribution, to the eligible organization

### Named Organization Instructions:

- Print or type **Part B** only
- Return the completed, **original** form by mail to the address at the bottom of the form
- Be sure to include a copy of your 501(c)(3) determination letter from the U.S. Internal Revenue Code

**2007 Program Year closes on November 15.** Employee contributions need to be donated to the organization, and all Gift Matching forms need to be completed by the organization and returned to Lehman Brothers by November 15, 2007. Forms received after November 15, 2007 will be processed for the following Program Year.

## Part A – To Be Completed by Employee\*

\*Employees must be current, active, full-time, U.S. based or U.S. expatriates, with 12 consecutive months of service to participate

Employee Name		Work Telephone Number	
Division Name	Work Location (Building/Floor)	Work City and State	
Name of Charitable Organization			
Amount of Personal Contribution:	\$	Amount to Be Matched by Lehman Brothers Under Program Guidelines (Minimum \$50; Maximum \$2,000 per employee per year):	\$
Description of Personal Contribution of Securities (if applicable)			

I hereby certify that the above donation is entirely my personal contribution, and is not in whole or in part the gift of another individual or the sum of the gifts of other individuals. I also certify that all information is accurate, and contributions are not in lieu of tuition, fees or other personal obligations, and that I have read and understand the guidelines of the Lehman Brothers U.S. Employee Gift Matching Program. Failure to comply may result in suspension of gift matching privileges.

Employee Signature	Date
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## Part B – To Be Completed by Charitable Organization

Name of Organization		Name of Organization Contact		
Organization Address				
City	State	ZIP Code	Telephone Number	501(c)(3) Tax Number

I hereby verify receipt of the above-stated contribution from the above individual, and certify that the donation represents a charitable contribution and the donor derives no material benefits (i.e., tuition, dues credit, tickets, etc.) as a result of this gift. Failure to comply may result in suspension of gift matching privileges.

Signature	Printed Name	Today's Date	Date Contribution Received
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### Return signed, original form by mail to:

Lehman Brothers  
 Philanthropy Department  
 745 Seventh Avenue, 30<sup>th</sup> Floor  
 New York, NY 10019  
 Attn: Nicole DeFour