

Kellogg's Care\$ Volunteer Program Summary

The Kellogg's Corporate Citizenship Fund (KCCF) Kellogg's Care\$ Program serves to extend the company's commitment to the communities where we live and work. This program provides a \$250 contribution to an eligible organization for every 25 hours of volunteer time recorded by an employee, retiree or board member within a consecutive 12-month period.

Participant Eligibility

Active, full-time, salaried and hourly employees of all Kellogg Company U.S. divisions, Kellogg retirees and current Kellogg board members are eligible.

Recipient Organization Non-Profit Eligibility

To qualify for Kellogg's Care\$, a recipient organization must be located in the United States and be described under IRS Code Section 501(c) (3), or as a governmental unit or political subdivision of the state or a non-profit educational institution that is accredited by a recognized regional accrediting agency. All donations made by Kellogg's Corporate Citizenship Fund will be made in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders. All organizations will be confirmed eligible prior to payment distribution.

Organizations where people volunteer that may be eligible are: accredited schools, youth sports, hospitals, nursing homes, food banks, homeless shelters and child care. To determine if an organization is eligible for the Kellogg's Care\$ Program, please call 269-961-3888 or write to corporate.contributions@kellogg.com

Restrictions

The Kellogg's Care\$ Program does not contribute for volunteer hours that provide any goods or services to the donor, donor's family or a specific individual. Examples include: program, benefit or dinner tickets, athletic programs or tickets, publications or subscriptions, memberships, dues, service or admission fees, tuition, student loans, insurance premiums, sectarian or political contributions, real estate or bequests.

Ineligible organizations include: fraternal and social, religious, political, veteran, labor, personal memberships or professional associations.

Volunteer activities can not be in lieu of another requirement for volunteer service. Travel time to and from the volunteer activity should be excluded from total volunteer hours. Volunteer hours can not be carried over into subsequent 12-month periods. Minimum gift is \$250 – maximum gift is \$500 per volunteer, per 12-month period.

Kellogg's Corporate Citizenship Fund reserves the right to suspend, amend, revoke or terminate the Kellogg's Care\$ Program at any time without notice. The interpretation, application and administration of the program, including organization eligibility and payment of grants shall be determined by the fund.

For more information please contact:

Kellogg's Care\$
Kellogg's Corporate Citizenship Fund
One Kellogg Square, PO Box 3599
Battle Creek, MI 49016-3599
Phone: 269-961-3888 or E-mail:
corporate.contributions@kellogg.com

Part A - To be completed by Employee, Retiree or Board Member

Organization name

Description of volunteer activities:

Dates of service ____/____/____ to ____/____/____

Total hours: _____

Volunteer name

Address

City _____ State _____ Zip _____

Phone: _____

I certify that my volunteerism complies with the Kellogg's Corporate Citizenship Fund (KCCF) Kellogg's Care\$ Program described on this form. I hereby authorize the recipient organization to report this contribution to KCCF as part of the Kellogg's Care\$ Program.

Volunteer's signature

_____/_____/_____ Employee ____ Retiree ____
Date

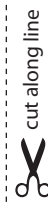
Board Member ____

* Anonymous gift ____

* Initial here if you do not wish to be recognized for this gift.

** Please mail this form to the recipient organization. **

Check here for additional forms.



Part B - To be completed by Recipient Organization

Organization name

Address

City State Zip

Organization Federal Tax ID#

Purpose or mission of organization:

I certify that 25 hours of volunteer services have been received during the time period indicated above, and that this grant is not in payment of any fees or memberships, in lieu of tuition or for personal benefit to the volunteer or any other individual.

I certify that I represent this recipient organization and it is a public charity under IRS 501(c) (3), or a governmental unit or political subdivision of the state or a non-profit educational institution that is accredited by a recognized regional accrediting agency. The volunteer service and dates are accurate as noted above and are in compliance with the KCCF Kellogg's Care\$ Program as described on the reverse side of this form. I have also made note of the participant's wish to remain anonymous from Section A of this form.

Representative signature

Title Date

Please mail this form within 12 months of service date to:

Kellogg's Care\$
Kellogg's Corporate Citizenship Fund
One Kellogg Square, PO Box 3599
Battle Creek, MI 49016-3599

Program Operation

1. Volunteer completes Section A and submits to the recipient organization.
2. The recipient organization's financial officer should complete Section B, being sure to indicate if the volunteer received any goods or services for the volunteer work. The charity's related records will be made available for audit at the request and expense of KCCF.
Please return the completed form to:
Kellogg's Care\$
Kellogg's Corporate Citizenship Fund
One Kellogg Square, PO Box 3599
Battle Creek, MI 49016-3599
3. KCCF will determine eligibility of the volunteer, and verify that the organization is in accordance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.
4. KCCF will disburse funds at its convenience but no less than quarterly each calendar year.



Employee and Retiree Volunteer Program



cut along line