

The Journal of Bone and Joint Surgery, Inc.

Certification of Eligibility for Matching Funds by Non-Profit Organizations

To be filled in by JBJS employee or Trustee:

NAME OF EMPLOYEE

MAKING DONATION: _____

Name of charity: _____

Mailing Address: _____

To be filled in by a representative of the charity:

Date contribution received: _____

Amount of contribution: \$ _____

Matching contributions are subject to a per-employee limit. It is understood that this form does not constitute a promise that funds will be sent. Funds will be sent at the discretion of the employer.

For the organization listed above, attested by:

Title _____

Name (please print) _____

Signature _____

**Please return this form to: Controller, The Journal of Bone and Joint Surgery, Inc., 20
Pickering Street, Needham, MA 02492**