

# Brookfield



## Matching Charitable Gift Contribution Form US Employees

### SECTION A

To be completed by the employee.

\_\_\_\_\_ Date

\_\_\_\_\_ Last Name          First Name          MI

\_\_\_\_\_ Email Address

\_\_\_\_\_ Region/ Location

\_\_\_\_\_ Department

Form of Gift:

- Personal Check  
 Credit Card  
 Cash

\_\_\_\_\_  
\$ Amount of Gift

\_\_\_\_\_ Name of Institution or Organization

I certify that all of the information given above is correct and that my gift fully complies with all provisions of Brookfield Properties Corporation's matching gift program.

\_\_\_\_\_ Employee Signature          Date

Please include this form with your gift at the time of donation.

### SECTION B\*

To be completed by the institution or organization.

\_\_\_\_\_ Name of Organization

\_\_\_\_\_ Address

\_\_\_\_\_ City/State/Zip Code

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Contact Email Address

\_\_\_\_\_ Website Address

Amount Received \$ \_\_\_\_\_

Amount Tax Deductible \$ \_\_\_\_\_

Federal Tax I.D. Number \_\_\_\_\_

I certify that this institution/organization meets the criteria established under Section 501(c)(3) of the Internal Revenue Code or Section 149.1(1) of the Income Tax Act.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Title

\_\_\_\_\_ Signature          Date

*\*Please attach a copy of your organization's tax exemption letter and mission statement or proof of the institution's accreditation and send the completed form to:*

Margaret.Gordon@brookfield.com  
Or  
Brookfield Office Properties Inc.  
Attn: Margaret Gordon  
Brookfield Place  
250 Vesey Street, 15th fl  
New York, NY 10281-1021