



Matching Gifts Program Application

For any questions regarding the Matching Gifts Program, please see the Charitable Contributions Section in the Employee Handbook.

Part 1: (To be completed by Employee)		Part 2: (To be completed by Recipient Organization)			
Please complete Part 1 and the Employee Address section in Part 2, then send this application with your check, money order or receipt for an online contribution to the institution designated as the recipient of this gift.		Please complete Part 2 of this application and return it with any substantiating information required to the employee requesting this matching gift. Please find his/her address at the conclusion of the application U.S. charities: Attach copy of IRS 501(c)(3) letter. Charities in other countries: Attach nonprofit certification from applicable authority in your country.			
Employee Name		Name of Organization			
Employee ID		Address			
Work Location		City, State, Zip			
		Organization Federal Tax ID #			
Department		Accrediting Organization <i>(for educational organizations)</i>			
Office Phone		Date of Gift	Amount Received		
Date of Gift		Tax-Deductible Portion of Gift	501(c)(3) Exempt	Yes	No
Gift Amount		As an authorized officer of this organization, I certify that the above indicated gift has been received and that this organization qualifies as a nonprofit, charitable organization as outlined in Cengage Learning's guidelines, and, if applicable, is accredited. I further confirm that no direct, tangible benefit will accrue to the donor, to any member of his or her family, nor any related third party as a result of this gift.			
Name of Organization Receiving Donation		Name and Title			
I hereby certify that the above donation is entirely my personal contribution and is not in whole or part the gift of another individual, or the sum of gifts of other individuals. I also certify that I have not received personal benefit in exchange (e.g., dinner, raffle, and/or sporting event or performance tickets, parking privileges, etc.) and that I have read and understand the guidelines of the Cengage Learning Matching Gifts Program. I understand that failure to comply may result in suspension of gift matching privileges.		Phone <i>(for any questions about this application)</i>			
		Authorized Signature			
		Date			
		Please Return this form to:			
Employee Signature		Employee Name			
Date		Employee Address			
		City, State, Zip			