



# MATCHING GIFT APPLICATION

## PART I DONOR INSTRUCTIONS

Complete Part I of this form—one for each gift.  
Send the form along with your contribution to the recipient organization.

LAST FOUR DIGITS ONLY OF SOCIAL SECURITY #

DONOR/EMPLOYEE NAME

HOME ADDRESS

CITY/STATE/ZIP

COMPANY

DIVISION/DEPARTMENT

BUSINESS TELEPHONE, INCLUDING AREA CODE

E-MAIL ADDRESS

DATE OF GIFT OR DATE GIFT WAS SENT

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
AMOUNT OF GIFT (MIN \$25)      AMOUNT TO BE MATCHED (MIN \$25)

TYPE OF GIFT: PLEASE CHECK ONE:     CHECK     CREDIT CARD

NAME OF ORGANIZATION

ORGANIZATION CITY, STATE

RESTRICTION OR PURPOSE (IF ANY)

I certify that neither my family nor I will derive any direct or indirect financial or material benefit from this contribution. I authorize the above-named recipient organization to report this gift to Hachette Book Group for the purpose of applying for a matching gift. I certify that my gift is a voluntary contribution, that it fully complies with the provisions of the program described herein, and does not represent in any way a fee for a service or benefit. Any misrepresentation by me of the statements made herein will forfeit my rights to any matching contributions and, in addition, may result in violations of law. In addition, I certify that I have not been nor will be reimbursed by anyone for this contribution.

SIGNATURE OF EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

## PART II RECIPIENT ORGANIZATION INSTRUCTIONS

Verify receipt of gift.  
Complete Part II of this form. Please print or type.  
Please enclose a copy of your 501(c)(3) determination letter and a brief description of your organization's primary mission statement or purpose. Forward form to the address printed below.

EMPLOYER IDENTIFICATION NUMBER (EIN)

ORGANIZATION NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY/STATE/ZIP

TELEPHONE, INCLUDING AREA CODE

FAX, INCLUDING AREA CODE

E-MAIL/WEBSITE ADDRESS (IF ANY)

DATE GIFT RECEIVED

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
AMOUNT OF GIFT                                      TAX-DEDUCTIBLE GIFT AMOUNT

I hereby certify that this organization/program meets the eligibility requirements of the Hachette Book Group Matching Gift Program, and that neither the donor nor Hachette Book Group will derive any personal material benefit from this gift or match.

AUTHORIZED OFFICER'S NAME (PLEASE PRINT)

TITLE (PLEASE PRINT)

SIGNATURE OF AUTHORIZED OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

MAIL COMPLETED FORM & ANY REQUIRED ENCLOSURES TO:

Hachette Book Group  
Matching Gift Program  
Attention: Veronica Eastmond  
237 Park Avenue  
New York, NY 10017



## MATCHING GIFT APPLICATION

### HOW IT WORKS

Eligible employees may contribute to any accredited 501(c)(3) non-profit organization and the company will match the donation at a ratio of 2:1. Employees may donate up to \$1,000 per year to be matched by Hachette Book Group.

### WHO CAN PARTICIPATE

All regular, benefits-eligible, United States-paid employees of Hachette Book Group.

### HOW TO APPLY

*Employee:* Fill out PART I; mail your contribution and the entire form to the designated organization.

*Organization:* Complete and countersign PART II, thereby certifying that the contribution has been received and is eligible under this program. The entire form with required documents should be mailed to:

*Hachette Book Group  
Matching Gift Program  
Attention: Veronica Eastmond  
237 Park Avenue  
New York, NY 10017*

### APPROVED APPLICATION

If the application is approved, the matching funds will be sent directly to the non-profit organization within six to eight weeks with an e-mailed notification to the employee (when applicable). Please note that Matching Grant totals are calculated on a calendar year basis using the date that the employee made the contribution. For example, if an employee used the Matching Gift program to make a contribution to her alma mater in December 2006 and the match was mailed to the university eight weeks later in January 2007, the match will be credited against her 2006 match limit.

All application materials become the property of Hachette Book Group and will not be returned. The Company reserves the right to change or terminate the program at will.

### IF YOU HAVE ANY QUESTIONS

Please contact Veronica Eastmond at [Veronica.Eastmond@hbgusa.com](mailto:Veronica.Eastmond@hbgusa.com) or 212-364-1304

### ELIGIBLE ORGANIZATIONS

*Hachette Book Group will match employee contributions to accredited 501(c)(3) non-profit organizations.*

### INELIGIBLE ORGANIZATIONS & MATCHES

Gifts made by or through Community Trusts or similar organizations, including charitable remainder trusts, donor advised funds, or family foundations.

Gifts made in lieu of tuition payment for services

Membership fees for which benefits are received

Dues to alumni(ae) or similar groups

Bequests or life income trust arrangements

Payments for tuition, books or other student fees

Fees for any service or materials received or subscriptions for publications

Pledges, bequests, insurance premiums

Tickets to athletic, cultural or social events, lunches or dinners

Gifts of real or personal property

“Collective” contributions or funding from sources other than those of the individual submitting the form

Gifts of eligible donors’ spouses

Donations to organizations that engage in illegal or discriminatory practices

Gifts in kind