



The Johnson Controls Foundation P.O. Box 591 Milwaukee, WI 53201-0591

Matching Gifts Application Form

The Foundation contributes to organizations in the United States that operate not for profit and are recognized by the Internal Revenue Service as tax-exempt institutions. The Foundation matches the personal gifts of employees, retirees and members of the Board of Directors of Johnson Controls, Inc. and the Advisory Board of the Johnson Controls Foundation on a one-for-one basis at a minimum of \$50 and a maximum of \$5,000 per individual, per organization, per year, to the following categories of non-profit organizations: 1) Culture and the Arts, and 2) Education.

SECTION 1

To be completed by CONTRIBUTOR.

After completion, send entire form with gift to recipient organization.

(Please DO NOT enter data on line, in your browser. Your entries WILL NOT print. At this time you can only fill out this form on paper. There is no electronic form submission feature.)

Enclosed is my personal	check (or securities) of	
\$		
to (Name of Organizat	tion)	
	port this gift to the Johnson Controls Foundation in orderols Foundation Education Matching Gift Program.	er to qualify for a matching gift
Name of Contributor		
Home Address		
Johnson Controls facility	(e.g. CG/ASG) and address of employment	
I certify that I am an ☐ €	employee, retiree or director of Johnson Controls	s, Inc.
Employee Signature	Date	

SECTION 2

To be completed by AUTHORIZED OFFICIAL OF RECIPIENT ORGANIZATION. After completion, return to:

JOHNSON CONTROLS FOUNDATION P.O. Box 591 Milwaukee, WI 53201-0591

(Please DO NOT enter data on line, in your browser. Your entries WILL NOT print. At this time you can only fill out this form on paper. There is no electronic form submission feature.)

I certify that the contrib	oution described in SECTION 1	of this form, in the amount of
merely pledged); that it by the U.S. Internal Re	t will be used to support the ob	d with a premium for this gift) has been received (not jectives of this institution, which is classified as tax-exempt d that the Foundation's matching grant will be unrestricted ed States.
(Authorized Signature)		(Date)
(Print or Type Full Name)		(Title)
(Name of Institution)		
(Address)		
(Phone)		
FOR	JOHNSON CONTROLS FOU	NDATION USE ONLY
Date	Date	Amount
Received	Matched	Matched