

EMPLOYEE MATCHING GIFT FORM

Part I Employee Section

	PLEASE TYPE OR PRINT IN INK	CHECKLIST
<p>1. Complete this section.</p> <p>2. Ensure form is signed.</p> <p>3. Send this form with your gift to the organization.</p>	<p>NAME OF EMPLOYEE (PRINT) _____</p> <p>HOME ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____ DAYTIME PHONE NO. _____</p> <p>I certify that this gift is solely for the use of the institution named and neither I, nor any members of my family, nor any third party, will benefit in any way from this gift. I further certify that the amount given is entirely my own.</p> <p>AMOUNT OF GIFT _____</p> <p>DATE OF GIFT _____</p> <p>X _____ DATE _____</p> <p>SIGNATURE OF EMPLOYEE _____</p> <p>TITLE _____ DATE OF HIRE _____</p> <p>BUSINESS UNIT _____ SUPERVISOR _____</p> <p>NAME OF ORGANIZATION RECEIVING GIFT _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p>	<p><input type="checkbox"/> Clearly printed?</p> <p><input type="checkbox"/> Form signed?</p> <p><input type="checkbox"/> Gift is \$25 cash or more?</p> <p><input type="checkbox"/> Gift date entered?</p> <p><input type="checkbox"/> Guidelines on reverse side reviewed?</p> <p><input type="checkbox"/> Organization information completed?</p> <p>Incomplete forms will not be considered for a matching gift.</p>

Part II Receiving Organization

	PLEASE TYPE OR PRINT IN INK	FIRST REQUEST
<p>1. Verify donor section.</p> <p>2. Complete this section.</p> <p>3. Return form to:</p> <p>Matching Gift Program Jones Lang LaSalle 200 East Randolph Chicago, IL 60601</p> <p>4. If first request, see box at right.</p>	<p>NAME OF AUTHORIZED OFFICER _____ AMOUNT OF DONOR'S GIFT _____</p> <p>TITLE OF AUTHORIZED OFFICER _____ TAX DEDUCTIBLE PORTION OF GIFT _____</p> <p>INSTITUTION PHONE NO. _____</p> <p>I confirm that the above gift was received and that this institution is tax exempt under the U.S. Internal Revenue Code. I further confirm that no direct, tangible benefit will accrue to the donor, nor to any family member, nor to any related third party as a result of this gift.</p> <p>X _____ DATE _____</p> <p>SIGNATURE OF AUTHORIZED OFFICER / PRINCIPAL _____</p>	<p>If this institution has not previously participated in the Matching Gift Program, include the following:</p> <p><input type="checkbox"/> Copy of 501(c)(3) from the IRS.</p> <p><input type="checkbox"/> Information describing the nature of the institution.</p>

Specific employee guidelines relating to the Matching Gift Program are outlined on the reverse side. If you have any questions, please contact Lisa Bustos in the Chicago office at +1 312 228 2715.

EMPLOYEE MATCHING GIFT FORM

Purpose

To support employees' involvement in civic and charitable activities by directing firm resources to organizations that are of the greatest importance to employees.

Eligible Organizations

To be eligible, an organization must be a non-profit, tax-exempt entity recognized by the U.S. Internal Revenue Service under Section 501(c)(3). Organizations eligible for support are generally, but not limited to:

- Educational Institutions
- Community Service Agencies
- Environmental Causes
- Health and Welfare Agencies
- Jones Lang LaSalle does not make contributions to politically related causes, candidates or to religious organizations.

Other Qualifications

- Gift must be a personal monetary contribution actually made, not merely pledged.
- Gift must be made within six months prior to the date of the request.
- Request must be for a minimum of \$25 cash.
- Each employee has a maximum of \$250 cash per calendar year that will be matched by the firm.

Eligible Participants

All full-time employees of Jones Lang LaSalle and Jones Lang LaSalle Services.

Distribution of Funds

Matching Gift Requests are processed and distributed on a monthly basis.