

PEARSON INC. MATCHING GIFT REQUEST

Pearson Inc. will match contributions employees make to colleges, universities and registered charitable organizations. The maximum total match in a calendar year is \$1,500 per employee. The minimum amount that will be matched is \$25.

To request a gift match, complete Part A and mail this form with your gift to the institution.

PART A – TO BE COMPLETED BY EMPLOYEE

Name of Institution: _____

Date of Employee Gift: _____

Amount of Gift: _____

Employee Name: _____

Employee Location: _____

Department Name: _____

I certify that the information above is accurate and that my contribution is in accordance with the provisions of the Pearson Inc. Matching Gift Program.

Employee's Signature

Date

PART B – TO BE COMPLETED BY AN OFFICER OF THE INSTITUTION

As an officer of this institution, I certify receipt of \$ _____ on _____ (Date)
from _____ (Name of Donor). The tax deductible amount of this
contribution is \$ _____.

Name (please print): _____

Signature: _____

Title: _____

Telephone Number: _____

Name of Institution: _____

Institution's Federal ID Number: _____

Send the Matching Gift check to the following address:

Mail completed form to:

Pearson Inc., 1330 Avenue of Americas, 9th Floor, New York, NY 10019
ATTN: Human Resources Department, Matching Gift Program