

PHILIPS

MATCHING GIFT PROGRAM APPLICATION INSTRUCTIONS

Philips Employee:

- Print the application.
- Complete Part A. Sign and date Part B.
- Mail your gift check, along with the application, to your selected school or institution.
- Do not send your check or application to Philips.

School or Institution:

- An officer from the school or institution must complete Part C and return the original application to Philips for processing.
 - Philips must receive the application by Dec. 31st of the current matching gift year.
 - Philips processes matching gift checks to schools and institutions once a year.
 - Checks from the current donation year will be mailed by March of the following year.
 - Philips employees can find additional Matching Gift Program information on the HR Portal.

[For questions regarding the Matching Gift Program, please contact People Services at 888-367-7223 or peopleservices.na@philips.com](mailto:peopleservices.na@philips.com)

PHILIPS MATCHING GIFT PROGRAM APPLICATION

Please print or type. To process your application all requested information must be provided.

PART A

DONOR & INSTITUTION INFORMATION Please Print

Employee ID

Employee Name

Home Address

City State Zip Code

Philips Sector Name

Address

Name of School / Institution

School / Institution Address

City State Zip Code

PART B

DONOR SIGNATURE

After signing this section, mail this entire application to the school or institution along with your gift check.

By signing, I certify that the information on this application is correct and that my gift complies with the terms of the Philips Matching Gift Program.

Employee Signature

Date

Gift Amount

Notes:

PART C

SCHOOL OR INSTITUTION CERTIFICATION

Must be completed by an officer of the school or institution. Please send the entire original application to:

Philips People Services
Attn: PPS Contact Center
3000 Minuteman Road, MS 5301
Andover, MA 01810

For questions, contact
peopleservices.na@philips.com or
People Services at (888) 367-7223

I certify that the above gift has been received and that this institution is eligible to participate in the Matching Gift Program.

Amount Received _____

Date _____

Authorized
Signature _____

Name _____

Title _____

Please update gift department address if necessary

**Philips must receive the application by
Dec 31 of the current/active gift year**