

APPLICATION FOR MATCHING GIFTS

Print or Type Full Name		-	Company, Subsidiary, Division)	-
Home Address			Department/Location		_
City, State, Zip Code			Daytime Phone Number	Employee Number	_
B. EMPLOYEE'S GIFT: Nonprofit organ he Internal Revenue Code.	nization receiving	g gift must	have tax-exempt status und	er Section 501(c)(3) of	
Organization Name		_	Date of Gift		-
	plied to the Rand	dom House	num) of \$ and e, Inc. matching gifts program or just a portion of the gift, matc	n.	
		I have a	attached:		
ct	neck mone	ey order _	or credit card/online rece	eipt 🗌	
	(Ple	ease check a	appropriate box).		
I request that the above organization repo				a matching gift in the amount spe	cified
I request that the above organization repo				a matching gift in the amount spe	cified
Employee Signature EMPLOYEE, PLEASE FORWARD 1	ort this gift to Ra	Indom Hou	se, Inc. as an application for	RECIPIENT ORGANIZATION FO	_
Employee Signature EMPLOYEE, PLEASE FORWARD TO COMPLETION OF SECTION AND SECTION OF SECTION AND SECTION OF SECTION AND SECTIO	ort this gift to Ra	Indom Hou	se, Inc. as an application for Date PERSONAL GIFT TO THE F	RECIPIENT ORGANIZATION FO	_
Employee Signature EMPLOYEE, PLEASE FORWARD TO COMPLETION OF SECTION C. RECIPIENT SECTION	THIS FORM WIT	TH YOUR I	Se, Inc. as an application for Date PERSONAL GIFT TO THE REDIT CARD, ATTACH RECI	RECIPIENT ORGANIZATION FOI PIENT'S DONOR FORM.	_
Employee Signature EMPLOYEE, PLEASE FORWARD TO COMPLETION OF SECTION C. RECIPIENT SECTION This is to certify that the above described go the wave reviewed the eligibility requirements.	THIS FORM WITON C. IF PAYING ift of \$	FH YOUR I	Date PERSONAL GIFT TO THE REDIT CARD, ATTACH RECI	RECIPIENT ORGANIZATION FOI PIENT'S DONOR FORM.	2
Employee Signature EMPLOYEE, PLEASE FORWARD TO COMPLETION OF SECTION C. RECIPIENT SECTION This is to certify that the above described go the wave reviewed the eligibility requirements.	THIS FORM WITON C. IF PAYING ift of \$	FH YOUR I	Date PERSONAL GIFT TO THE REDIT CARD, ATTACH RECI	RECIPIENT ORGANIZATION FOR PIENT'S DONOR FORM. described on this form (below) an	2
EMPLOYEE, PLEASE FORWARD TO COMPLETION OF SECTION C. RECIPIENT SECTION This is to certify that the above described go when the second control of the sec	THIS FORM WITON C. IF PAYING ift of \$	FH YOUR I	Date PERSONAL GIFT TO THE REDIT CARD, ATTACH RECIPECTED TO THE RE	RECIPIENT ORGANIZATION FOR PIENT'S DONOR FORM. described on this form (below) an	2
Employee Signature EMPLOYEE, PLEASE FORWARD TO COMPLETION OF SECTION C. RECIPIENT SECTION This is to certify that the above described go We have reviewed the eligibility requirement hat our institution meets these requirement. Legal Name of Organization	THIS FORM WITON C. IF PAYING ift of \$	FH YOUR I	Date PERSONAL GIFT TO THE FEDIT CARD, ATTACH RECI	RECIPIENT ORGANIZATION FOR PIENT'S DONOR FORM. described on this form (below) an	2

Please send this completed application, 501(c)(3) tax determination letter, W9 form, and your mission statement to:

Melanie Fallon-Houska, Random House, Inc. Matching Gifts Program, 1745 Broadway – 4th Floor, New York, NY, 10019.

Phone (212) 782-8319, Fax (212) 940-7590. Approved payments are processed on a monthly basis. Matching gift applications received after November 15th will be matched in the following calendar year and applied to the new year's matching allocation.

family members, or friends receive a benefit (e.g., auction items, dinner, raffle and/or sporting event tickets, sponsorships, golf tournaments [including participation] parking privileges, memberships, etc.), subscription fees for publications, insurance premiums, gifts of real or personal property, gifts of securities (stocks, bonds, etc.), unpaid pledges, fees for services, bequests, contributions to trusts, donations of time, talent or equipment. Random House, Inc. will not match gifts to any organization which discriminates in any way that is inconsistent with its equal opportunity policies.