

Sony of Canada – Approved Corporate Policies and Procedures:

MATCHING GIFT FORM:

To be completed by Employee / Retiree

Please type or print and answer all items. Incomplete forms will not be processed. Please submit to: SCCF Donations Committee – Matching Gift Program, Shelley Cappuccio, Sony of Canada Ltd., 115 Gordon Baker Road, Toronto, ON M2H 3R6.

The copy of the tax receipt issued to you must be included with this form.

Employee ID # (Retiree N/A) _____

Amount of Gift: \$ _____

Amount of gift you wish to be matched if less than your contribution: \$ _____

Name of Receiving Charitable Organization : _____

Employee / Retiree Name: (First, Middle, Last) _____

Home Address: (# and Street) _____

City, Province, Postal Code: _____

Daytime Telephone #: _____

Please check one: Employee _____ Retiree _____

I hereby certify that the information submitted by me is complete and correct and that my gift fully complies with the provisions of the program and will not be used to pay any fees in lieu of tuition and does not in any way directly benefit any member of my family or any other person(s) designated by me. I have not been nor will be reimbursed by anyone for this contribution.

Employee / Retiree Signature: _____

PLEASE INCLUDE A COPY OF THE TAX RECEIPT ISSUED TO YOU WITH THIS FORM.

Thank you for your generous donation.