



Wyndham Worldwide
Charitable Contributions Application Form

To be completed by the associate (Please type or print)

Associate Name (Last) (First) (Initial)

Street Address (home)

City State Zip Code

Wyndham Worldwide Business Unit Name/Location

Wyndham Worldwide E-mail Address

Associate WWID

To be considered for a matching gift under the Program, the organization must qualify under Section 501(c)(3) of the Internal Revenue Code.

Name of Charitable Organization

Organization's Contact Name

Mailing Address of Charitable Organization

City State Zip Code

Telephone Number of Charitable Organization Federal Tax ID Number

Amount of Gift Date of Gift

"I certify that I qualify as an eligible employee of Wyndham Worldwide and that I am making this gift under the conditions stated on this form, and in compliance with the Wyndham Worldwide Charitable Contributions Match Program at Wyndham Worldwide."

Signature of Associate Date

Return form, copy of check to charitable organization, and a receipt from charitable organization showing address and federal tax id number to:

Wyndham Worldwide
Employee Service Center
Attn: Charitable Contribution
249 Central Park Ave, Suite 230
Virginia Beach, VA 23462
1-877-266-0708

