

## EMPLOYEE MATCHING GIFT FORM

### Part I Employee Section

	PLEASE TYPE OR PRINT IN INK	CHECKLIST	
1. Complete this section.	_____ NAME OF EMPLOYEE (PRINT)	<input type="checkbox"/> Clearly printed?	
2. Ensure form is signed.	_____ HOME ADDRESS	<input type="checkbox"/> Form signed?	
3. Send this form with your gift to the organization.	CITY _____ STATE _____ ZIP _____ DAYTIME PHONE NO. _____	<input type="checkbox"/> Gift is \$25 cash or more?	
	I certify that this gift is solely for the use of the institution named and neither I, nor any members of my family, nor any third party, will benefit in any way from this gift. I further certify that the amount given is entirely my own.	AMOUNT OF GIFT _____	<input type="checkbox"/> Gift date entered?
		DATE OF GIFT _____	<input type="checkbox"/> Guidelines on reverse side reviewed?
	X _____	DATE _____	<input type="checkbox"/> Organization information completed?
	SIGNATURE OF EMPLOYEE	DATE OF HIRE _____	
	TITLE _____	SUPERVISOR _____	
	BUSINESS UNIT _____		
	NAME OF ORGANIZATION RECEIVING GIFT _____		
	ADDRESS _____		
	CITY _____ STATE _____ ZIP _____		

Incomplete forms will not be considered for a matching gift.

### Part II Receiving Organization

	PLEASE TYPE OR PRINT IN INK	FIRST REQUEST
1. Verify donor section.	_____ NAME OF AUTHORIZED OFFICER	If this institution has not previously participated in the Matching Gift Program, include the following:
2. Complete this section.	_____ TITLE OF AUTHORIZED OFFICER	
3. Return form to:	_____ INSTITUTION PHONE NO.	
	I confirm that the above gift was received and that this institution is tax exempt under the U.S. Internal Revenue Code. I further confirm that no direct, tangible benefit will accrue to the donor, nor to any family member, nor to any related third party as a result of this gift.	
4. If first request, see box at right.	X _____	<input type="checkbox"/> Copy of 501(c)(3) from the IRS.
	SIGNATURE OF AUTHORIZED OFFICER / PRINCIPAL	<input type="checkbox"/> Information describing the nature of the institution.

**Specific employee guidelines relating to the Matching Gift Program are outlined on the reverse side. If you have any questions, please contact Lisa Bustos in the Chicago office at +1 312 228 2715.**

## EMPLOYEE MATCHING GIFT FORM

### Purpose

To support employees' involvement in civic and charitable activities by directing firm resources to organizations that are of the greatest importance to employees.

### Eligible Organizations

To be eligible, an organization must be a non-profit, tax-exempt entity recognized by the U.S. Internal Revenue Service under Section 501(c)(3). Organizations eligible for support are generally, but not limited to:

- Educational Institutions
- Community Service Agencies
- Environmental Causes
- Health and Welfare Agencies
- Jones Lang LaSalle does not make contributions to politically related causes, candidates or to religious organizations.

### Other Qualifications

- Gift must be a personal monetary contribution actually made, not merely pledged.
- Gift must be made within six months prior to the date of the request.
- Request must be for a minimum of \$25 cash.
- Each employee has a maximum of \$250 cash per calendar year that will be matched by the firm.

### Eligible Participants

All full-time employees of Jones Lang LaSalle and Jones Lang LaSalle Services.

### Distribution of Funds

Matching Gift Requests are processed and distributed on a monthly basis.