

Matching Gifts Program Application

Please review the restrictions for Recipient Organizations in the Helping Others Section of the Cengage Group Guide prior to submitting the application. For other questions about the Matching Gifts Program, contact the Human Resources Center at 1-877-965-2547, Option 8. **This completed application and supporting documents must be submitted within 90 days of the donation.**

Part 1: (To be completed by <u>Employee</u>)		Part 2: (To be completed by <u>Recipient Organization</u>)			
Please complete Part 1, then send this application with your check, money order or receipt for an online contribution <u>to the institution designated as the recipient of this gift.</u>		Please complete Part 2 of this application and return it with a copy of the IRS 501(c)(3) letter to the email address at the conclusion of the application. Further information may be requested by Cengage Group in order to pay out these charitable funds.			
Employee Name		Name of Organization as it appears on W-9			
Employee ID		Address as it appears on W-9			
Work Location		City, State, Zip			
Department		Accrediting Organization <i>(for educational organizations)</i>			
Office Phone		Date of Gift	Amount Received		
Date of Gift		Tax-Deductible Portion of Gift	501(c)(3) Exempt	Yes	No
Gift Amount \$25 minimum \$500 maximum		As an authorized officer of this organization, I certify that the above indicated gift has been received and that this organization qualifies as a nonprofit, charitable organization as outlined in Cengage Group's guidelines, and, if applicable, is accredited. I further confirm that no direct, tangible benefit will accrue to the donor, to any member of his or her family, nor any related third party as a result of this gift.			
Name of Organization Receiving Donation		Name and Title			
I hereby certify that the above donation is entirely my personal contribution and is not in whole or part the gift of another individual, or the sum of gifts of other individuals. I also certify that I have not received personal benefit in exchange (e.g., dinner, raffle, and/or sporting event or performance tickets, parking privileges, etc.) and that I have read and understand the guidelines of the Cengage Group Matching Gifts Program. I understand that failure to comply may result in suspension of gift matching privileges.		Email Address			
		Phone Number			
		Authorized Signature			
		Date			
		Employee Signature		Please return this form and the IRS 501(c)(3) letter to: Matchinggifts@cengage.com. Further information may be requested by Cengage Group in order to pay out these charitable funds. <i>This completed application must be submitted within 90 days of the donation.</i>	
Date					