

J. WALTER THOMPSON COMPANY FUND, INC.

PLAN FOR MATCHED GIVING TO ACCREDITED COLLEGES, UNIVERSITIES, AND INDEPENDENT SECONDARY SCHOOLS

1. The Plan covers only the personal gift or gifts of an employee of J. Walter Thompson Company LLC (the "Company"). An employee of the Company as used in this Plan means a United States employee of J. Walter Thompson Company LLC or of J. Walter Thompson U.S.A., LLC, and a United States citizen working abroad for the Company on a Company initiated transfer, whose home office is in the United States. In addition, the Plan covers the personal gift or gifts of U.S. employees of JWT Specialized Communications, LLC, GTB Agency, LLC, GTB Stat, LLC, Team Garage LLC, Mirum LLC, Prism, SCPF America LLC, Santo USA LLC and iStrategyLabs, LLC. It is not necessary that the employee have attended or received a degree from the institution in question.
2. Each recipient institution must be located in the United States and must be either a fully accredited college or university or an independent secondary school (grades nine through twelve). An independent secondary school is defined as one (a) that is organized not for profit, (b) to which contributions are tax exempt under the Internal Revenue Code, and (c) which derives most of its income from tuition and not more than ten percent of its income from any political or religious activity. Directories of U.S. accredited colleges, universities and independent secondary schools are available on the following websites.

[chea Directory of Regional Accrediting Organizations](#)

[NAIS - National Association of Independent Schools](#)

3. Subject to paragraph 4 below, the Fund will match qualified gifts on the following bases:
 - a. Qualified gifts by employees will be matched by a gift from the Fund equal to the employee's gift.
 - b. The aggregate maximum of matching gifts the Fund will make in any one **fiscal** year under subparagraph (a) above for any one employee of the Company will be \$2,500. **The plan's fiscal year runs from December 1 through November 30.**
 - c. In the event an employee makes gifts to more than one qualified institution aggregating more than \$2,500 in any one **fiscal** year, matching gifts by the Fund, to the extent of \$2,500, will be allocated among the institutions in such proportion as the employee requests. If no such allocation is made, the Fund will match gifts, to the extent of \$2,500, in the order in which completed application forms are received.
4. This Plan may be modified or discontinued by the Company at any time without notice. The Fund's decision as to eligibility will be final. All payments by the Fund will be made directly to the college, university, or school.

To qualify gifts, application must be made by the institution on the **attached Matched Giving form (see page 2)**. Additional forms are available **before logging** to the **Employee Self Service** website at <http://peoplesoft.jwt.com/> on the **Benefits Forms** page. If you have questions, contact JWT Corporate Benefits, 466 Lexington Ave, New York, NY 10017 at **212.210.7244** or employee.benefits@jwt.com.

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The fund will match, up to an annual aggregate maximum of \$2,500, gifts to any qualified institutions made by an employee of the Company in accordance with the Plan.

APPLICATION

(THIS SECTION TO BE COMPLETED BY THE COMPANY EMPLOYEE AND SENT TO THE COLLEGE, UNIVERSITY, OR INDEPENDENT SECONDARY SCHOOL WITH THE ATTACHED PLAN FOR MATCHED GIVING)

To: _____, 20_____
(Name of Educational Institution)

Address: _____

Enclosed is) (On _____, I made) my personal donation of \$ _____
(Date Check Sent to Educational Institution)

INDICATE WHICH IS APPLICABLE

INDICATE CASH OR DESCRIBE SECURITIES

I hereby authorize the educational institution named above to report this donation to J. Walter Thompson Company Fund, Inc. for qualifying for a matching contribution in accordance with the provisions in its Plan for Matched Giving in support of higher education.

Employee Name: _____ Signature of Donor: _____
(Please Print)

Home Address: _____

Company/Office: _____ Business email address: _____

Class, or years in attendance (if any), at named institution: _____

(THIS SECTION TO BE COMPLETED BY COLLEGE, UNIVERSITY, OR INDEPENDENT SECONDARY SCHOOL AND RETURNED TO THE JWT COMPANY FUND)

To: J. Walter Thompson Company Fund, Inc. _____, 20_____
466 Lexington Avenue Attn: Benefits (Date Check Received)
New York, NY 10017

We are pleased to acknowledge the above contribution that we understand will qualify our institution to participate in your Plan for Matched Giving in Support of Accredited Colleges, Universities, and Independent Secondary Schools, in accordance with the attached Plan for Matched Giving.

Accreditation through: _____ Name of Educational Institution: _____

Received by: _____

(print name)

Signature: _____

Title: _____

Telephone: _____