

JOHN WILEY & SONS, INC. MATCHING GIFT APPLICATION FORM

PART ONE To be completed by the donor- DO	NOT DETACH (please print/typ	e; ALL INFORMATION REQUIRED	
		Middle Name: Retiree Spouse nt:	
Office Location:			
Home Address:			
City:	State: Zip Code	::	
Phone Number: E	Employee Number:		
Name of Recipient Institution or Organization:	_		
Recipient Address:			
Form of Gift (check one): Check Credit Car	rd Securities Sha	ares of	
Date of Payment: Gift Amount/Value \$	<u>(</u> Minimum \$25)		
of this program and that this gift does not represent a education of the donor or designated individual; relig	gious purposes; political purposesSignature	•	
PART TWO To be completed and signed by the	institution or organization		
Amount Received \$ (If in se	· ·	ares of)	
I hereby certify that this institution or organization is scope of the Matching Gift Program of John Wiley & Authorized Signature	is a non-profit, tax-exempt institu	tion or organization and is not outside the wiley.com under "Corporate Giving."	
Name and Title of Authorized Officer (please print or type)		Taxpayer's I.D. # (must be supplied to receive payment)	
Attachments Required: (1st time only) • 501 (c) (3) Determination Letter • Brochure • Letter of Accreditation for Educational Institution	Type of Organization Arts & Culture Precollegiate Educat	Higher Education	
Deturn Entire Form to: Metahing Gift Administrat	for John Wiley & Song Inc. 111	Divor Street Hebelton NI 07020	

Return Entire Form to: Matching Gift Administrator, John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030.