

Sony Corporation of America

25 Madison Avenue, 27th Floor, New York, NY 10010-8601

Matching Gifts Program

PART A - TO BE COMPLETED ONLY BY THE EMPLOYEE

PLEASE TYPE OR PRINT AND ANSWER ALL ITEMS. INCOMPLETE FORMS WILL BE RETURNED.

| | | | | |
|--|-----------------------------------|-------------------------------|--|-------|
| EMPLOYEE ID NUMBER | AMOUNT OF GIFT \$50.00 OR MORE | DATE OF GIFT | | |
| IF DONATING STOCK INSTEAD OF CASH COMPLETE | NAME OF STOCK | NO. OF SHARES | AMOUNT YOU WISH TO BE MATCHED IF LESS THAN YOUR CONTRIBUTION | |
| NAME OF RECEIVING INSTITUTION | | | | |
| EMPLOYEE'S NAME (FIRST, MIDDLE, LAST) | | | | |
| HOME ADDRESS (NUMBER AND STREET) | | | | |
| CITY | STATE | ZIP | DAYTIME TELEPHONE NUMBER () | EMAIL |
| <input type="checkbox"/> EMPLOYEE | <input type="checkbox"/> RETIREE | COMPANY, DIVISION, DEPARTMENT | | |

I hereby certify that the information submitted by me is complete and correct and that my gift fully complies with the provisions of the program described herein and will not be used to pay any fees or in lieu of tuition and does not in any way directly benefit myself, members of my family or any other person(s) designated by myself. I have not been nor will be reimbursed by anyone for this contribution.

EMPLOYEE'S SIGNATURE

PART B - TO BE COMPLETED ONLY BY THE RECIPIENT INSTITUTION

IMPORTANT - THIS DOCUMENT MUST BE RECEIVED BY "MATCHING GIFTS PROGRAM" WITHIN 90 DAYS FROM DATE OF GIFT.

PLEASE TYPE OR PRINT AND ANSWER ALL ITEMS. INCOMPLETE FORMS WILL BE RETURNED

NAME OF INSTITUTION AND FEDERAL TAX I.D. NO. (Use only legal, tax exempt name as reflected on IRS form 501(c)(3))

ADDRESS (NUMBER AND STREET)

CITY STATE ZIP

AMOUNT OF CONTRIBUTION WHICH IS TAX DEDUCTIBLE \$ DATE RECEIVED

I hereby certify that the matching gift was made by the individual named and has been received by this institution within the limitations of the Program's guidelines, and further, it was given without promise or provision of material benefit to the donor or person(s) designated by the donor, and will not be used to fulfill payment of a pledge, any fees, services, or in lieu of tuition.

Type Organization (CHECK BOX)

- ART / CULTURE EDUCATION HOSPITAL, MEDICAL RESEARCH/ HEALTHCARE
 ENVIRONMENTAL/CONSERVATION

PRINT NAME

TITLE

TELEPHONE NUMBER

AUTHORIZED SIGNATURE

DATE

RECEIVING INSTITUTION:

COMPLETE ALL INFORMATION. SIGN AND RETURN TO:

Sony Corporation of America
Communications and Public Affairs Department
ATTN: Matching Gifts Program
25 Madison Avenue, 27th Floor
New York, NY 10010-8601

Please refer to the back of this form for necessary requirements in order to receive matching gift.