

# Anonymous Matching Gift Program Form

Instructions: This form is to be used by employees requesting matching funds for their charitable contributions. Please complete Part 1 and submit it to the recipient organization. The organization must complete Part 2 and return this form to our Matching Gift Administrator. To maintain anonymity, the donor's identity will be restricted to the Matching Gift Administrator and will not be disclosed to the recipient organization if requested below.

## Part 1: Donor & Gift Information (To be completed by Employee)

Donor Full Name:

Employee ID Number:

Email Address:

Phone Number:

Recipient Organization Name:

Gift Amount (\$):

Date of Gift:

Do you wish to remain anonymous to the recipient organization? (Enter YES or NO):

Donor Signature (Print Name for digital or sign physically):

Date Signed:

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## Part 2: Recipient Organization Certification (To be completed by the Charity)

Official Organization Name:

Employer Identification Number (EIN / Tax ID):

Actual Amount Received (\$):

Date Gift Received:

Authorized Representative Name:

Representative Title:

Authorized Representative Signature (Print Name):

Date Certified: