

Corporate Sponsor Gift Matching Agreement

This agreement outlines the terms under which the Corporate Sponsor agrees to match charitable contributions made to the Recipient Organization.

1. Corporate Sponsor Information

Company/Sponsor Name:

Contact Person Name:

Title:

Email Address:

Phone Number:

Billing / Mailing Address:

2. Recipient Organization Information

Organization Name:

Employer Identification Number (EIN) / Tax ID:

Contact Person Name:

Email Address:

3. Matching Gift Policy & Terms

Matching Ratio (e.g., 1:1, 2:1):

Minimum Eligible Gift Amount (\$):

Maximum Match Limit Per Donor Per Year (\$):

Total Annual Matching Cap for Sponsor (\$):

Eligible Programs / Exclusions (if any):

4. Agreement and Sign-off

By signing below, the parties agree to the terms of this Gift Matching Agreement. The Corporate Sponsor agrees to process and distribute matching funds within 30 days of receiving verified donation receipts from the Recipient Organization.

For Corporate Sponsor:

Authorized Representative Name:

Signature:

Date:

For Recipient Organization:

Authorized Representative Name:

Signature:

Date: