

Nonprofit Matching Gift Validation Form

Please complete this form to validate and request a matching gift. Once completed, this form can be printed and submitted to the participating donor's employer or the nonprofit organization.

1. Donor Information

Donor Full Name:

Home Address:

City, State, Zip Code:

Email Address:

Phone Number:

Employer Name:

2. Contribution Details

Gift Amount (USD):

Date of Gift:

Form of Gift (e.g., Cash, Check, Credit Card, Stock):

3. Recipient Nonprofit Organization Information

Organization Name:

Employer Identification Number (EIN / Tax ID):

Mailing Address:

City, State, Zip Code:

Authorized Representative Name:

Representative Title:

4. Certification & Signatures

Donor Certification: I certify that the information provided above is true and correct, and that my gift was a voluntary contribution made from my own personal funds.

Donor Signature (Print and Sign):

Date:

Nonprofit Certification: I certify that this organization has received the contribution detailed above and is a registered 501(c)(3) tax-exempt organization.

Authorized Representative Signature (Print and Sign):

Date: