

# Employee Matching Gift Request Form

**Instructions:** Employee should complete Part A and send this form along with the gift to the recipient organization. The recipient organization must complete Part B and return the form to the company's matching gift program coordinator.

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## PART A: TO BE COMPLETED BY EMPLOYEE

### 1. Employee (Donor) Information

Full Name:

Employee ID:

Department/Division:

Email Address:

Phone Number:

Home Address:

### 2. Gift & Recipient Details

Name of Recipient Organization:

Gift Amount (\$):

Requested Match Amount (\$):

Date of Gift (MM/DD/YYYY):

Form of Gift (Cash, Check, Credit, Stock):

### 3. Employee Authorization & Signature

I certify that the information provided above is true and accurate, and that my gift complies with the guidelines of the Employee Matching Gift Program.

Employee Signature (Sign after printing):  Date:

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## PART B: TO BE COMPLETED BY THE RECIPIENT ORGANIZATION

### 1. Organization Details

Official Organization Name:

Federal Employer ID Number (EIN):

Mailing Address:

Contact Person Name & Title:

Contact Email Address:

Contact Phone Number:

### 2. Gift Verification & Certification

Amount Received (\$):  Date Received (MM/DD/YYYY):

I certify that this organization is an eligible non-profit institution, that the tax-deductible contribution described above has been received, and that the matching funds requested will be used to support our primary mission.

Authorized Officer Signature (Sign after printing):  Date: