

Employer Matching Gift Authorization Form

Please print and complete this form to authorize your employer's matching gift. Submit the completed form to your human resources department or the recipient organization as required.

Part A: Employee / Donor Information

Employee Full Name:

Employee ID / Number:

Employer / Company Name:

Home Address:

City, State, Zip Code:

Phone Number:

Email Address:

Part B: Gift Information

Recipient Organization Name:

Gift Amount (\$):

Date of Gift (MM/DD/YYYY):

Payment Method (Check, Credit Card, Online):

Part C: Donor Authorization & Signature

I certify that the information provided above is accurate and that this gift is a personal contribution eligible for an employer match.

Donor Signature:

Date Signed (MM/DD/YYYY):

Part D: To Be Completed by Employer / Coordinator

This section must be filled out by the designated matching gift program administrator at your organization.

Authorized Representative Name:

Title:

Matching Ratio or Approved Amount (\$):

Representative Signature:

Date (MM/DD/YYYY):