

Matched Giving Verification Form

Instructions: The donor should complete Part 1 of this form and send it to the recipient organization along with the contribution. An authorized representative of the recipient organization must complete Part 2 and return this form to verify the gift.

Part 1: Donor and Gift Information

To be completed by the employee/donor.

Donor Full Name:	<input type="text"/>
Employee ID Number:	<input type="text"/>
Employer/Company Name:	<input type="text"/>
Email Address:	<input type="text"/>
Gift Amount (\$):	<input type="text"/>
Date of Gift:	<input type="text"/>
Payment Method (Cash/Check/Credit Card):	<input type="text"/>
Recipient Organization Name:	<input type="text"/>

Donor Signature: _____ **Date:** _____

Part 2: Recipient Organization Verification

To be completed by an authorized representative of the recipient charity/institution.

Organization Legal Name:	<input type="text"/>
Tax ID / EIN Number:	<input type="text"/>
Mailing Address:	<input type="text"/>
Authorized Representative Name:	<input type="text"/>
Title:	<input type="text"/>
Telephone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Received Amount Verified (\$):	<input type="text"/>

I certify that the gift described in Part 1 has been received by this organization, that this organization is tax-exempt under federal law, and that the donor will receive no personal goods or services in exchange for this contribution.

Authorized Signature: _____ **Date:** _____