

Matching Gift Program Verification Form

Instructions: This form is to be completed by the donor and the recipient organization to verify a matching gift eligibility. Please print, fill out the form, and mail or email it to the program administrator.

Part A: Donor Information (To be completed by the Donor)

Donor First Name:

Donor Last Name:

Employee ID (if applicable):

Email Address:

Phone Number:

Gift Amount (\$):

Date of Gift (MM/DD/YYYY):

Payment Method (e.g., Cash, Check, Credit Card):

Recipient Organization Name:

Donor Signature (for printed copy):

Date Signed (MM/DD/YYYY):

Part B: Recipient Organization Verification (To be completed by the Organization)

Official Organization Name:

Employer Identification Number (EIN) / Tax ID:

Organization Address:

Verified Gift Amount Received (\$):

Date Gift Received (MM/DD/YYYY):

Authorized Officer Name & Title:

Officer Email Address:

Officer Phone Number:

Authorized Signature (for printed copy):

Date Signed (MM/DD/YYYY):