

Donor Matching Gift Claim Form

Instructions: Please complete Part A of this form. Send the form along with your contribution to the recipient organization. The organization will complete Part B and return the form to our Matching Gift Administrator for processing.

Part A: To Be Completed by Donor

Donor First Name:

Donor Last Name:

Home Address:

City, State, Zip Code:

Email Address:

Phone Number:

Employer / Company Name:

Name of Recipient Organization:

Amount of Gift (\$):

Date of Gift:

Donor Signature (Sign after printing):

Date Signed:

Part B: To Be Completed by Recipient Organization

Official Organization Name:

Federal Employer Identification Number (EIN):

Mailing Address:

City, State, Zip Code:

Matched Gift Amount Received (\$):

Date Gift Received:

Authorized Officer Name and Title:

Officer Email Address:

Officer Phone Number:

Authorized Signature (Sign after printing):

Date Signed:

Please print this completed page, sign, and mail/email the physical document to the matching gift department designated by the donor's employer.