

# Corporate Employee Matching Gift Form

Instructions: Please complete Part 1 and Part 2 of this form, print it, and send it along with your contribution to the recipient organization. The recipient organization will complete Part 3 and return it to our Corporate Matching Gift Office.

## Part 1: Donor / Employee Information

Employee Full Name:	<input type="text"/>
Employee ID Number:	<input type="text"/>
Company Division / Branch:	<input type="text"/>
Work Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>
Home Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>

## Part 2: Gift Details

Gift Amount (\$):	<input type="text"/>
Date of Gift:	<input type="text"/>
Payment Method (Check, Credit, Online):	<input type="text"/>
Name of Recipient Organization:	<input type="text"/>
Employee Signature:	<input type="text"/>
Date Signed:	<input type="text"/>

## Part 3: Recipient Organization Certification

To be completed by the recipient charity before returning to the Corporate Matching Gift Office.

Federal Tax ID / EIN:	<input type="text"/>
Matching Gift Amount Requested (\$):	<input type="text"/>
Authorized Officer Name:	<input type="text"/>
Title:	<input type="text"/>
Officer Email Address:	<input type="text"/>
Officer Signature:	<input type="text"/>
Date Signed:	<input type="text"/>