

Joint Employer Donor Matching Contribution Form

Use this form to request a matching contribution from your employer(s) for joint donations. Please print, complete all sections, sign, and submit to your respective human resources or corporate giving department.

Donor 1 Information (Primary Contributor)

Full Name:

Email Address:

Phone Number:

Employer Name:

Job Title / Employee ID:

Donor 2 Information (Joint Contributor)

Full Name:

Email Address:

Phone Number:

Employer Name:

Job Title / Employee ID:

Contribution Details

Recipient Organization Name:

Total Contribution Amount (\$):

Date of Donation (MM/DD/YYYY):

Payment Method (Check, Credit, etc.):

Employer Matching Allocation

Please specify how the matching gift should be requested from each employer:

Amount to be matched by Donor 1's Employer (\$):

Amount to be matched by Donor 2's Employer (\$):

Authorization and Signatures

We certify that the joint contribution specified above was made from our personal funds and represents a charitable donation. We authorize our respective employers to verify this contribution with the recipient organization.

Donor 1 Signature: _____ Date:

Donor 2 Signature: _____ Date: