

Matching Gift Pledge Verification Form

Please complete this form to verify your matching gift pledge. Once completed, print this form, sign it, and submit it to your employer's matching gift administrator or the recipient organization.

Section 1: Donor Information

Donor Full Name:

Home Address:

Email Address:

Phone Number:

Employer Name:

Section 2: Contribution Details

Gift Amount (\$):

Date of Gift:

Payment Method:

Recipient Organization Name:

Section 3: Matching Company Information

To be completed if matching coordination is handled directly by the donor.

Matching Company Name:

Company Contact Person:

Company Phone/Email:

Expected Matching Ratio:

Section 4: Verification & Signatures

By signing below, the donor certifies that the contribution specified above has been made, and the matching representative certifies that the pledge matches the eligibility requirements of the company's matching program.

Donor Signature: Date:

Authorized Representative Signature: Date: