

Annual Donor Matching Gift Summary Form

Please complete this form to summarize and record matching gifts received or expected for the current fiscal year. This document is formatted for printing and physical filing.

1. Donor Information

Donor Full Name:

Donor ID / Account Number (if known):

Mailing Address:

Email Address:

Phone Number:

2. Original Gift Details

Date of Original Gift (MM/DD/YYYY):

Original Gift Amount (\$):

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

Gift Designation / Fund Name:

3. Matching Company Information

Matching Employer/Company Name:

Company Contact Person (if known):

Company Address:

4. Matching Gift Status

Company Matching Ratio (e.g., 1:1, 2:1):

Expected Matching Gift Amount (\$):

Current Status (e.g., Requested, Approved, Received):

Matching Gift Reference / Application ID:

5. Authorization and Signatures

By signing below, the donor and/or administrator verifies that the matching gift details provided are accurate and comply with the guidelines of the matching company.

Donor Signature:

Date Signed (MM/DD/YYYY):

Verified By (Staff Name):

Staff Signature:

Verification Date (MM/DD/YYYY):