

Major Donor Matching Gift Pledge Form

Thank you for your generous support. Please print and complete this form to document your major donor pledge and the associated matching gift details.

1. Donor Information

Donor Full Name:

Primary Address:

Address Line 2:

City, State, Zip Code:

Phone Number:

Email Address:

2. Pledge Details

Personal Pledge Amount (USD):

Pledge Payment Schedule (e.g., One-time, Annually, Quarterly):

First Installment Date:

Gift Designation / Program Area:

3. Matching Gift Information

Matching Employer/Corporation Name:

Corporate Contact Person (if known):

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

Anticipated Corporate Match Amount (USD):

Total Estimated Combined Impact (Personal + Match):

4. Payment Method & Fulfillment

Intended Payment Method (e.g., Check, Wire Transfer, Donor Advised Fund, Stock):

Special Instructions or Recognition Preferences (e.g., Anonymous, In Honor Of):

5. Authorization and Signatures

I hereby commit to the pledge outlined above and agree to facilitate the matching gift process through my employer.

Donor Signature (physical signature required):

Date:

Organization Representative Signature:

Date: