# Matching Gift Request Form

**Purpose:** This form is to be completed by donors seeking to request a matching contribution from their employer. Matching gifts are a wonderful way to double your donation and increase your impact on our mission.

## Donor Information

|  |  |
| --- | --- |
| **Full Name** | {fullName} |
| **Email Address** | {email} |
| **Phone Number** | {phone} |
| **Mailing Address** | {address} |

## Employer Information

|  |  |
| --- | --- |
| **Employer Name** | {employerName} |
| **Employer Contact Person** | {employerContact} |
| **Contact Phone / Email** | {employerContactDetails} |
| **Employer Matching Gift Website (if available)** | {employerWebsite} |

## Donation Information

|  |  |
| --- | --- |
| **Date of Donation** | {donationDate} |
| **Donation Amount** | {donationAmount} |
| **Donation Method (e.g. Check, Credit Card)** | {donationMethod} |

## Donation Designation

*Please indicate if the donation is designated for a specific fund, campaign, or purpose.*

{donationPurpose}

## Required Documentation

The following documentation may be required by the employer. Please ensure the documents selected below are enclosed or will be submitted:

{#documents}

* {documentDescription}

{/documents}

## Acknowledgment and Signature

I hereby certify that the above information is accurate and that the donation was a voluntary contribution made by me. I am submitting this request to my employer to match the gift in accordance with their corporate giving policy.

|  |  |
| --- | --- |
| **Donor Signature** | {signature} |
| **Date** | {signatureDate} |

## For Employer Use Only

To be completed by the employer representative reviewing this matching gift request.

|  |  |
| --- | --- |
| **Reviewed By** | {reviewedBy} |
| **Approval Status** | {approvalStatus} |
| **Matching Gift Amount** | {matchedAmount} |
| **Comments** | {employerComments} |

Thank you for supporting our cause and maximizing your impact through matching gifts!