

EMPLOYEE MATCHING GIFT

Date: _____

Employee Name: _____

Donation Amount: \$ _____

Matching Donation Amount: \$ _____ (50% up to \$100)

Institution Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

501c3 Verification Attached: Yes No

Verification of Donation Attached: Yes No

Employee Signature

Date

Human Resources

Date