



Employee/Board Matching Gift Request

Please send this form with your gift to the recipient organization. Please use one form for each gift.

Donor Information

Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ E-mail: _____

I am a/an: Employee (or partner/spouse) Board Member (or partner/spouse)

Gift Date: _____ Gift Amount: \$ _____

Spouse/Partner Name (if name of spouse is on check/credit card): _____

Donor Signature: _____

Recipient Organization Information

Name of Recipient Organization (please print): _____

Recipient Confirmation (to be completed by recipient organization)

Organization Name: _____

Contact Name: _____

Title: _____

Address: _____

Phone: _____ E-mail: _____

Amount received: _____ Date received: _____

*I hereby certify that the gift specified above has been received from the donor and that this organization is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. **I have included the organization's IRS Tax Status Determination Letter with this request for matching funds.***

Signature

Date

Recipient Organization: Please mail this form and the organization's IRS Tax Status Determination letter to:

Kristin Tidwell, Grants Assistant

The Colorado Health Foundation, 501 South Cherry Street, Suite 1100, Denver, CO 80246

For questions, contact Kristin at (303) 953-3641 or ktidwell@ColoradoHealth.org.