



**Matching Gifts Request Form**

Request Date:	
Employee Name:	
Work Phone:	
Employee Email Address:	
Organization Name:	
Address:	
City/State/Zip:	
Contact Name:	
Contact Email:	
Phone:	
Website:	
Tax ID number:	
Employee Donation Amount:	
Employee Donation Date:	
Match Amount Requested:	
Submitted for Payment on:	
Payment Processed on:	

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Approval

\_\_\_\_\_  
Date

*Submit to Human Resources when approved*

*All forms must be received by the Human Resources department by December 1st of the calendar year in which the employee donation was made in order to be eligible for a company match.*