

Dude Solutions
Good Dude Matching Gift Form

Date of request:	
Employee Name:	
Employee Email:	
Organization Name:	
Address:	
City/State/Zip:	
Organization Website:	
Tax ID Number: <small>*This information is required. Your match cannot be approved without this information.</small>	
\$ Amount Donated by Employee:	\$
\$ Amount Match Approved:	
Date Approved:	
Good Dude Approval Name:	
Good Dude Approval Signature:	
GL Code:	68011
Processed Date:	
Processed By:	

Attach a copy of your receipt or cancelled check from the contribution to this form. Requests submitted without a receipt or cancelled check cannot be approved.