

Matching Gift Form for: **Enhanced Revenue Solutions, LLC**

**Part A – TO BE COMPLETED BY DONOR**

The Company will match contribution of up to \$1,400

A 1:1 basis with a limit of  1  per calendar year

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_  
 Company Name/Division \_\_\_\_\_  
 Work Location (city) \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**Individual Gift**

Minimum Contribution: \$50  
 Please specify the \$ amount to be  
 Matched \$ \_\_\_\_\_

**Group Gift: Made in honor of a person**

Employee minimum contribution: \$25  
 given in support of \_\_\_\_\_  
 participating in \_\_\_\_\_  
Event Name

**Exact Date of Gift** \_\_\_\_\_

**AMOUNT OF GIFT**

Made by:   Cash   Check   Credit Card    
 Organization Receiving Gift:   GOSPEL FOR ASIA

I certify that this gift meets with all the specifications as described in the company information as it relates To matching gifts. I am currently an eligible employee of Enhanced Revenue Solutions.  
**Signature of donor** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Part B TO BE COMPLETED BY RECIPIENT INSTITUTION**

**Enhanced Revenue Solutions**  
**3934 Cypress Creek Parkway, Suite 103**  
**Houston, TX 77068:**

Gospel for Asia is legally recognized nonprofit organization exempt from federal income tax under Section 501 (c)(3) of the Internal Revenue Code. One hundred percent of all contributions designated for use on the mission field are sent to the mission field.

Donor \_\_\_\_\_ Amount \_\_\_\_\_ Date Received \_\_\_\_\_  
 Organization \_\_\_\_\_ Tax ID \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Signature of Officer (not a stamp) \_\_\_\_\_

Print or type Full Name and Title of Officer \_\_\_\_\_

