



MATCHING CHARITABLE CONTRIBUTION FORM

Employee Name: _____ **Date:** _____

Amount to be Matched: \$ _____ (not to exceed \$100.00 per calendar year)

Payable to: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

*Be sure to attach supportive information to this Request Form (copy of receipt of cash donation, your uncashed personal check and an envelope addressed to the Charity or copy of front and back of cancelled personal check).

Handling Instructions: (please mark one)

Return to Requestor _____ Mail to Payee _____

Other (please explain) _____

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HR Approval: _____ Date: _____