



## Matching Gift Form Calendar Year \_\_\_\_\_

### Donor Information (please print or type):

Employee Name	
Address	
City, State, Zip	
Telephone (home)	
Telephone (business)	

### Contribution:

#### I contributed in the form of (receipt required):

\_\_\_\_\_ cash \_\_\_\_\_ check \_\_\_\_\_ credit card \_\_\_\_\_ other.      \$ \_\_\_\_\_ Amount

Organization Name Not-For-Profit 501(c)(3) corporation	
Street Address	
City, State, Zip	

Green Hasson & Janks will match 50% of the employee's contribution up to a maximum of \$500 per employee per calendar year.    **Example: Employee donation \$1,000, company match \$500**

\$ \_\_\_\_\_ Amount

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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\_\_\_\_\_ I wish to have our gift remain anonymous.

Signature
Date

Please make corporate matches payable to:

[Organization Name]  
[Street Address]  
[City, State, ZIP Code]