Employee Matching Gift Request Form

Please complete this form and attach proof of your donation. Submit the completed form to Human Resources or upload it to the Matching Gift Program portal within 90 days of your donation.

# Employee Information

|  |  |
| --- | --- |
| Employee Name: |  |
| Employee ID: |  |
| Department: |  |
| Email Address: |  |
| Phone Number: |  |

# Donation Information

|  |  |
| --- | --- |
| Nonprofit Organization Name: |  |
| Organization EIN (Tax ID): |  |
| Date of Donation: |  |
| Donation Amount: |  |
| Method of Donation (check, credit card, etc.): |  |

# Employee Confirmation

I certify that the information provided is accurate and that the organization listed above is a qualified nonprofit eligible for matching under the company’s guidelines.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# For HR/Finance Use Only

|  |  |
| --- | --- |
| Date Received: |  |
| Reviewed By: |  |
| Approval Status (Approved/Denied): |  |