



**MATCHING GIFT CERTIFICATION**

**Section 1: TO BE COMPLETED BY EMPLOYEE:**

Name of Donor: \_\_\_\_\_

Amount of Gift: \$\_\_\_\_\_ Date of Gift \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of School/Organization to which gift is made:  
\_\_\_\_\_

**Employee: Rename, save as a PDF and email to Recipient Organization to complete Section 2.**

**Section 2: CERTIFICATION TO BE COMPLETED BY RECIPIENT ORGANIZATION:**

I certify that \_\_\_\_\_  
(School/Org Name) **EIN#**

has received the above gift, and that no goods or services were provided to the donor in exchange for this contribution.

Amount of Gift: \$\_\_\_\_\_ (tax deductible amount) Date of Gift \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Please print name) Date

Address to receive matching grant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recipient: Rename, save as a PDF and email completed form back to the Donor**