

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 FEDERAL TAX ID / 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: \$ _____ DATE OF GIFT: _____

SIGNATURE

PLEASE PRINT NAME

DATE

CONTACT NAME: _____ TITLE: _____

ADDRESS: _____

PHONE: _____ WEBSITE: _____

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