

# 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.

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## 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.