

MATCHING GIFT INVOICE

Invoice #: _____
Date: _____

Recipient Organization

Name: _____
Tax ID / EIN: _____
Address: _____
Contact Email: _____

Corporate Donor

Company Name: _____
Program Name: _____
Address: _____
Attention: _____

Original Employee Donation Details

Employee Name	Donation Date	Method	Individual Amount
			\$

Match Request Summary

Corporate Match Ratio (e.g., 1:1):	
Total Matching Funds Requested:	\$

Payment Instructions

Make Check Payable To: _____
ACH/Wire Instructions (if applicable): _____

Certification

I certify that the above information is correct and that this organization is a qualified recipient under the terms of the Corporate Matching Gift Program.

Authorized Signature

Print Name & Title