

CORPORATE MATCHING INVOICE

[University/Institution Name]
[Office of Alumni Relations]

Invoice #: _____

Date: _____

To (Corporate Partner):

[Company Name]
[Matching Gift Department]
[Street Address]
[City, State, Zip]

Remit Payment To:

[University Foundation]
[Accounts Receivable]
[Street Address]
[City, State, Zip]

Alumni Donor Information

Donor Name	Class Year	Donation Date	Reference ID
[Full Name]	[Class of YYYY]	[DD/MM/YYYY]	[Transaction ID]

Financial Breakdown

Description	Amount
Alumni Individual Contribution	\$ 0.00
Corporate Matching Ratio ([X:X])	\$ 0.00
Total Matching Funds Requested	\$ 0.00

Designation:

[e.g., General Scholarship Fund / Department Name / Endowment]

Tax-Exempt ID (EIN): [XX-XXXXXXX]

This invoice is for a corporate matching gift based on a confirmed alumni donation.