CHARITABLE CONTRIBUTION INVOICE

Matching Gift Request

INVOICE #
DATE

ORGANIZATION INFORMATION (PAYEE)
Name:

Tax ID / EIN:

Address:

City/State/Zip:

DONOR INFORMATION (EMPLOYEE)
Name:

Employee ID:

Email:

Date of Original Gift:

CONTRIBUTION DETAILS

Description of Original Gift	Match Ratio	Requested Match Amount
Personal Donation by Employee		
TOTAL MATCHING REQUEST:		

PAYMENT INSTRUCTIONS
Payable To:

Mailing Address (if different):

Certification: I certify that the above-named organization is a tax-exempt non-profit and that the contribution received will be used to support its primary objectives.

AUTHORIZED OFFICIAL SIGNATURE

DATE