



Request for Matching Contribution Form

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|---|--|
| Date of request: | |
| Employee Name: | |
| Work Phone: | |
| Email: | |
| Qualified Organization: | |
| Name: | |
| Address: | |
| City/State/Zip: | |
| Contact Name: | |
| Contact Email: | |
| Phone: | |
| Website: | |
| Number of hours volunteered: | |
| Date volunteer hours were performed: | |
| Amount of cash donated by employee: | |
| \$ Amount Requested: | |
| If you would like to receive a confirmation e-mail when the matching gift is sent to your specified organization, please provide your e-mail address. (Note: Gifts are processed quarterly, so there may be a delay in confirmation.) | |

Please summarize your contribution with the qualified organization and attach with this request your proof of contribution of \$25 or more:

I certify that the information I have provided is complete and correct to the best of my knowledge, that my contribution complies with the provisions of the program set forth in this policy. I understand that only the tax-deductible portion of my donation is eligible for matching by ODL

Donor Signature : _____

Date: _____