

Matching Gift Program Request

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [HR/Manager's Name],

I am writing to request participation in our company's matching gift program. I have recently made a donation to [Charity/Organization Name] in the amount of [Donation Amount] on [Donation Date]. This organization is dedicated to [Brief Description of Organization's Mission].

As an employee of [Company Name], I understand that our matching gift program allows us to double the impact of our charitable contributions. I would appreciate your assistance in submitting the necessary paperwork to facilitate this matching gift.

Please let me know if you require any additional information or documentation regarding my donation. Thank you for supporting employees in giving back to our community.

Sincerely,

[Employee's Name]

[Employee's Job Title]

[Contact Information]