

Request for Matching Gift Program Participation

Date: [Insert Date]

To: [Recipient's Name]

From: [Your Name]

[Your Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request participation in the Matching Gift Program offered by [Company Name] in relation to my recent contributions to [Charity/Organization Name]. As a participant in the retirement plan, I understand that the program can amplify the impact of my charitable giving.

Following my donation of [Donation Amount] to [Charity/Organization Name] on [Donation Date], I would like to formally request that a matching gift be made on my behalf in accordance with the program guidelines.

Please find attached the necessary documentation, including confirmation of my donation, to facilitate this process. I appreciate your time and assistance in supporting my charitable interests through the Matching Gift Program.

Thank you for your consideration. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Email Address]

[Your Phone Number]