

Corporate Matching Gift Request

Date: [Insert Date]

[Your Name]
[Your Position]
[Non-Profit Organization Name]
[Organization Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Recipient Name]
[Recipient Position]
[Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing on behalf of [Non-Profit Organization Name], an organization dedicated to [brief description of the organization's mission]. We are reaching out to request your support through your corporate matching gift program.

As a valued employee of [Company Name], your contribution of [amount] made on [date of donation] is eligible for a matching gift, which would greatly enhance our fundraising efforts and help us continue our work in the community.

Please find enclosed the documentation necessary to process the matching gift request. We appreciate your support and the commitment of [Company Name] to philanthropic initiatives that drive positive change.

Thank you for considering our request. If you have any questions or require additional information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,
[Your Name]
[Your Position]
[Non-Profit Organization Name]

Enclosure: Donation Receipt