

Employer-Matching Funds Request

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Company]

[Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Charity Organization Name]

[Charity Address]

[City, State, Zip Code]

Subject: Request for Employer-Matching Funds

Dear [Recipient Name],

I hope this message finds you well. I am writing to inform you that I, along with my colleagues at [Your Company], will be participating in [Event Name] on [Event Date] to support [Charity Cause or Goal]. We are excited about the event and the positive impact it aims to create.

As part of our commitment to giving back to the community, our company has a matching gift program that supports charitable contributions made by employees. I would like to request that my donation of [Donation Amount] be matched by [Your Company] to further enhance the support for [Charity Organization].

Please let me know the necessary steps to initiate the matching process. I am happy to provide any additional information or documentation needed to facilitate this request.

Thank you for your attention to this matter, and I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Position]