

Charitable Donation Tax Deduction Request for Matching Gifts

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request verification of my charitable donation to [Charity Name] made on [Donation Date] in the amount of [Donation Amount]. As part of your employee matching gift program, I would like to request a matching contribution from [Company Name] to maximize my charitable contribution.

The details of my donation are as follows:

- Recipient Organization: [Charity Name]
- Tax ID Number: [Charity Tax ID]
- Date of Donation: [Donation Date]
- Amount of Donation: [Donation Amount]
- Transaction Method: [Credit Card/Check/Cash]

Please let me know if you require any additional information to process the matching gift request. Thank you for your support in making a difference through charitable giving.

Sincerely,

[Your Name]