

Employer Matching Gift Verification Letter

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Employer's Name]
[Employer's Address]
[City, State, Zip Code]

Dear [Employer's Contact Name],

I hope this message finds you well. I am writing to request verification of my donation to [Charity/Organization Name] for the purpose of facilitating the matching gift process.

Details of my donation are as follows:

- Donor Name: [Your Name]
- Donation Amount: [Amount]
- Date of Donation: [Date]
- Charity/Organization Name: [Charity/Organization Name]

Please confirm whether my donation qualifies for your company's matching gift program. If you require any additional information, feel free to contact me at [Your Phone Number] or [Your Email].

Thank you for your assistance in this matter.

Sincerely,
[Your Name]