

Company Logo Here

Matching Funds Capture Form

Contributor/Donor

Organization/Agency:

Address:

Representative Name:

Phone Number:

Contribution/Donation

Describe Contribution/Goods/Service(s) Provided:

Value of Contribution:

Value Determination (Indicate how contribution value was determined):

Date Contribution was Made:

Date Contribution Delivered:

Date Contribution Utilized:

Authorizing Official/Authority Name:

Title:

Signature:

Date:

Please send a letter acknowledging my/our donation for tax purposes.

Office Use Only

Match To Be Applied to:

WIA Youth

WIA Adults & Dislocated

Governor's Res

ARRA

YouthBuild

Other _____

workforceCONNECTIONS Signature:

Date:

Tax deductible donation letter sent to donor? Yes No

By:

Date: