



COMRESOURCE MATCHING DONATION FORM

To request a ComResource match of a donation*, the ComResource employee must:

1. Verify that the organization that would receive the matched donation is a 501c3 Non-Profit.
2. Email this completed form to: giveback@comresource.com
3. Attach a screen print or copy of your donation to your email.

TO BE COMPLETED BY COMRESOURCE EMPLOYEE DONOR

ComResource Employee Information:

Name: _____
ComResource Department: _____
Email: _____ Daytime Phone: _____

Donation Information:

Minimum contribution of \$25

Please specify the dollar amount to be matched: \$ _____

Date of Donation: _____

Donation Type: Cash Check Credit Card

Organization Information:

Is organization a 501c3 Non-Profit? Y N

Organization Name (receiving donation): _____

Organization Address: _____

This signature certifies that I am currently employed by ComResource and that this donation meets all specifications as described in the company information as it relates to matching donations.

Signature: _____ Date: _____

*ComResource will match contributions of up to \$200 on a 1:1 basis
Limit of \$200 per employee (\$3,000 total for ComResource) per calendar year