



Matching Gift Verification Form

Thank you for multiplying the impact of your generosity.

Donor Information

- Donor Name: _____
- Email: _____
- Phone (optional): _____
- Address: _____
City/State/Zip: _____

Gift Information

- Gift Amount: \$ _____
- Date of Gift: _____
- Gift Type (check one):
 - Cash/Check
 - Credit Card
 - Stock/Securities
 - Other _____
- Designation (if any): _____

Employee/Employer Information

- Employer Name: _____
- Employer Address: _____
- Employer Email or Phone for Matching Program: _____
- Employee ID (if required): _____

Donor Authorization

I request my employer to match my charitable contribution to Sunny Hollow Montessori (EIN: 41-1321497), a nonprofit educational organization.

Signature: _____ Date: _____

For Employer Use Only

The above gift was made to Sunny Hollow Montessori, a 501(c)(3) nonprofit. Please complete the section below and return to the address provided or email confirmation.

- Approved Matching Amount: \$ _____
- Processing Schedule (if applicable): _____
- Notes: _____

Authorized Signature: _____

Title: _____

Date: _____

Organization Information

Sunny Hollow Montessori
5275 Concordia Avenue
St. Paul, MN 55110
Phone: 651-690-1441
Email: development@sunnyhollow.org
Tax ID: 41-1321497



Thank you for supporting children's learning and growth at Sunny Hollow Montessori.