



CHARITABLE GIFT MATCHING REQUEST FORM

Employee Name: _____

Employee ID: _____ Location & Dept # : _____

Email: _____ Phone: _____

Name & Address of Charitable Organization:

Tax-Exempt Federal ID # _____

Specific Cause or Event (if applicable): _____

Amount of Contribution: \$ _____

****Note: TIBCO will match up to \$200 per year per employee

Area of interest served (check one):

Education & Technology _____ Health & Human Services _____ Civic, Community & Arts _____

Organization/Agency Summary:

FOR COMPLETION BY HR DEPARTMENT ONLY

Amount: \$

Approved:

Date:

Signature:

Name: Rachel LaPierre