

The Kuntz Foundation Matching Gift Form

Date:

DONOR INFORMATION

Name (First, MI, Last):

Male Female

Address:

Area Code-
Home #

City:

State:

Zip

Area Code-
Cell #

Email Address:

MATCHING GIFT MINIMUM OF \$100 / MAXIMUM OF \$1,000

MATCHING GIFT REQUEST INFORMATION

Grantee
Organization:

EIN#:

Contact Name:

Phone #:

Email:

Street Address:

City:

State:

Zip:

Gift Amount to be matched: \$

SUPPORTING DOCUMENTATION REQUIRED:

- Copy of Receipt or
- Copy of Canceled Check or
- Acknowledgement Letter

Please print and return the completed application and supporting documentation to:

The Kuntz Foundation Matching Gifts Program
c/o RoseAnn Eckart
The Dayton Foundation
40 N. Main Street, Suite 500
Dayton, OH 45423

or you may email all documentation to reckart@daytonfoundation.org