

CORPORATE MATCHING FORM

If your employer has a corporate matching program please complete this form, photocopy, and give the original to your corporate representative.

Please return the form and cheque to your local Arthritis Society office. To be eligible for a tax receipt, all donation must be received by December 31st, of the same calendar year that the event was held in.

Company name:

Employee name:

Address:

Province:

Postal Code:

Telephone (with area code):

Email:

Type of donation (matching x% of donation):

Name of event:

Name of participant:

Name of team (if applicable):

Name of donor:

Total amount of matching gift \$ (amount to be based on the employee's total donations):

Corporate representative signature:

Date:

HOST YOUR OWN EVENT



In support of

