



lutheran
metropolitan
ministry

listening. serving. empowering.

MATCHING GIFT FORM

DONOR INFORMATION:

Donor Name: _____

Donation Amount: \$ _____ Donation Date: _____

DONATION METHOD:

Online Gift enclosed Other: _____

DONATION MATCH INFORMATION:

Matching Entity Type (select all that apply):

Employer Place of Worship Giving Circle Other: _____

Name of Matching Gift Partner: _____

MATCHING GIFT PARTNER ADDRESS:

Street Address: _____

City: _____ State: _____ ZIP: _____

Matching Gifts Contact: _____

MATCH AMOUNT:

\$ _____

PLEASE PRINT AND MAIL THIS FORM TO:

Lutheran Metropolitan Ministry

c/o Development

4515 Superior Avenue

Cleveland, Ohio 44103

Or Email to mail@lutheranmetro.org.

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