



Employee Matching Gift Request

Donor Information

Recipient Nonprofit Information

<i>Donor Name</i>	Guardian Group <i>Nonprofit Name</i>
<i>Donor Email Address</i>	1900 NE 3rd St, Suite 106 #40 Bend, OR 97701 <i>Mailing Address</i>
	72-1613750 <i>EIN</i>

Donation Information

\$ <i>Donation Amount (\$15.91/mo. recommended)</i>	<i>Date</i>
<input type="checkbox"/> Monthly Gift <i>I pledge to donate this amount each month until the Guardian Group matching program ends or until I notify CL Tel that I want to cancel. CL Tel will match my gift as long as my monthly donation and the program remain active.</i>	<input type="checkbox"/> One-time Gift <i>I want this amount to be withheld from my paycheck one time. CL Tel will match my gift one time.</i>

Donor Signature

Date

CL Tel Officer

Signature

Date