

Matches & Challenges VERIFICATION FORM

This form is used to verify match and challenge gifts made to the specified nonprofit below. Submitting this form acknowledges the nonprofit's compliance with Foundation giving day policies. Email completed form to Michelle Parrish, mparrish@cfabilene.org.

>>> **Deadline to submit: May 13, 2025**

Note: Include copies of all checks listed on this form. Checks dated earlier than April 1, 2025 are ineligible.



1. NONPROFIT PARTICIPANT INFORMATION

Organization Name :

Primary Contact Name :

Phone :

2. MATCH OR CHALLENGE GIFTS

For offline donations of check or cash, please list on the next page.

Name <small>(Donor or As Appears on Check)</small>	Cash <small>(List cash amounts below)</small>	Check <small>(List check amounts below)</small>
1.		
2.		
3.		
4.		
5.		

Submit copies of this form if more space needed.

Grand Total:

3. ACKNOWLEDGMENT

I acknowledge that I have reviewed the information submitted for accuracy and ensure that duplicate information was not also entered online as a gift through GiveGab. If additional verification is needed, I will assist the Foundation with this information.

Primary Contact Signature :

Date :

Thank you for giving back to the Abilene and surrounding community through Abilene Gives!
Visit cfabilene.org for more information on how to make a charitable impact year-round.

