**MATCHED GIVING FORM**

I have read and understood the matching policy and would like to request a matched contribution from EQ Investors to support my fundraising activity.

I understand that this request for is subject to the agreed approval process and may not be automatically granted. Any matched donation will be paid directly to my favoured charity.

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|  |  |
| --- | --- |
| **Your Name**  |  |
| **Your relationship to EQ Investors** | **STAFF/CLIENT** |
| **Charity or organisation supported**  |  |
| **Charity number** |  |
| **Is Annual Revenue less than £10 million** | **YES/NO** (if Yes, please submit latest accounts) |
| **Why do you think this charity deserves support?** |  |

|  |  |
| --- | --- |
| Name & Date of Fundraising Event | Total Raised / £…………………..(to be completed after event) |
|  |  |

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| --- |
|  **Client Signature: Date:** **Approved:** |