



STEWARDSHIP FOUNDATION®

Request for Release of Challenge Match Funds

INSTRUCTIONS: COMPLETE, SIGN AND RETURN TO STEWARDSHIP FOUNDATION.

Today's Date:

Organization Name:	
Grant Designation:	
Date Grant Awarded:	Grant Amount to be Matched: \$
Your Name:	Title:
Email:	Phone:

Please note by type of donor (individuals, churches, foundations, etc.) the number and amount of gifts qualifying for the matching funds. The purpose of a matching grant is to help non-profit organizations build a more sustainable base of financial support. Pledges and gifts-in-kind do not qualify as matching funds – only cash gifts *received* will be counted towards a match.

New Donors

Type: Foundations	Number:	Amount: \$
Type: Individuals	Number:	Amount: \$
Type: Churches	Number:	Amount: \$
Type: Businesses	Number:	Amount: \$
Type: Other	Number:	Amount: \$
Total New Donors	Number:	Amount: \$

Returning Donors (Those that have not given in the previous two fiscal years.)

Type: Foundations	Number:	Amount: \$
Type: Individuals	Number:	Amount: \$
Type: Churches	Number:	Amount: \$
Type: Businesses	Number:	Amount: \$
Type: Other	Number:	Amount: \$
Total Returning Donors	Number:	Amount: \$

Current Donors (Gifts received over and above what was given in the previous fiscal year.)

Type: Foundations	Number:	Amount: \$
Type: Individuals	Number:	Amount: \$
Type: Churches	Number:	Amount: \$
Type: Businesses	Number:	Amount: \$
Type: Other	Number:	Amount: \$
Total Current Donors	Number:	Amount: \$

Grand Total	Number:	Amount: \$
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Signature

Title