



**TOEDT HEALTH  
SOLUTIONS LLC**

## Policy and Procedures

[www.toedthealth.com](http://www.toedthealth.com) | [toedthealth@gmail.com](mailto:toedthealth@gmail.com)

I request Toedt Health Solutions, LLC to make a matching contribution on my behalf. I have read the guidelines and believe this to be a qualified contribution under Toedt Health Solutions, LLC Matching Gifts program requirements.

### SECTION A:

#### DONOR INFORMATION

Name	
Home Address	
City	
State	
Zip Code	
Phone	
Email Address	
Total Gifted \$	

### SECTION B:

#### ORGANIZATION INFORMATION

Please provide information for each organization below. If your gift is earmarked for a specific purpose (e.g., Annual Fund, Engineering Department), note this on the "Program designation, if any" line. Toedt Health Solution, LLC's matching amount will be designated for the same purpose. (Total match to all supported organizations cannot exceed \$2,500 for employees)

Organization Name	
Program designation, if any	
City	
State	
Date of Gift	
Gift Amount	
Match Amount	
Employee Identification Number (EIN)	

Organization Name	
Program designation, if any	
City	
State	
Date of Gift	
Gift Amount	
Match Amount	
Employee Identification Number (EIN)	