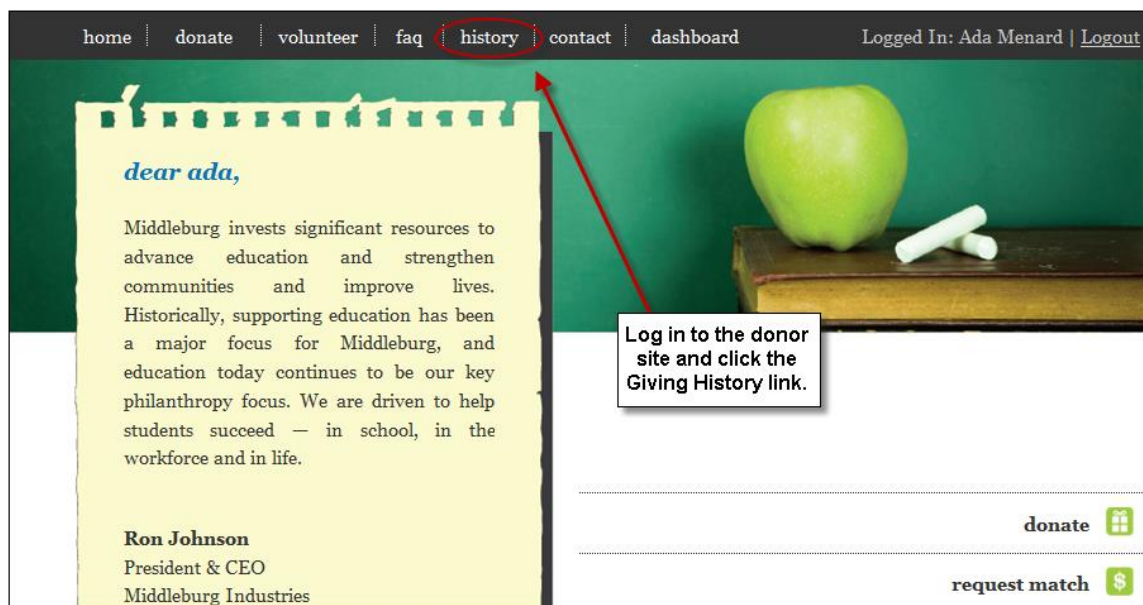# TRUiST

Campaign Management Release Notes: Reprint Matching Grant Claim Form

Campaign Management now offers the ability for donors to download the matching grant claim form from his / her Giving History. No backend configuration is required to enable this feature.

| | | home | donate | volunteer | faq | history | contact | dashboard | Logged In: Ada Menard | Logout |

Below you will find information related to past gifts that you have made.

	Date	Campaign	Pledge	Payment Type	Total
⊞	12/10/2012	Truist 2013 Sales Demo	10023815943	Payroll Deduction	$260.00
	$260.00 YMCA				
⊞	4/25/2011	2011 Campaign	10019268227 - cancelled	Payroll Deduction	$520.00
	100.00 % Global Impact				

	Date	Direct Match	Payment Amount	Payment Type	Match Amount
⊟	**Transaction #12000082360**				

Status	Pending Agency Verification
Date	11/7/2012 11:18:32 AM CST/CDT
Payment Date	10/1/2012 CST/CDT
Payment Type	Check
Payment Amount	$300.00
Match Amount	$300.00
Program	Middleburg Matching Gifts Program
Designation	American National Red Cross
Special Instructions	
Remain Anonymous	No
Claim Form	Download Claim Form

> **Expand the match transaction history and click the claim form link.**

Transaction Number	Verification Code
12000000827	12B9

To be completed by authorized institution representative. The institute representative responsible for confirming receipt of this gift should access https://iverify.truist.com to complete this process. An institution utilizing this application for the first time will be required to register. Once registered, retain your institution's username and password for future use. By entering the transaction number and verification code located in the upper right hand corner of this form, the institution can view the donor's record. The institution is responsible for entering any information provided in this form that has not been entered by the donor.

Donation
To be completed by donor - complete the form below, and attach your gift and send directly to the institution.

Employee Name	Employee Number
Ada Menard	Test1

Employee Address	City	State	Zip Code
1 Any Street PO Box 01	Denver	CO	80400-1111

Phone Number	Email Address
555 - 222 - 3333	

Donation Amount	Name of Institution or Tax-Exempt Entity	Payment Date
100.00 to	Derpa Derpadity Derp	12 / 16 / 2012

Address	City	State	Zip Code

Form of Gift
Payroll Deduction

Special Instructions

I hereby authorize the institution named above to report this gift to the company administrator for the purpose of qualifying for a contribution in accordance with the provisions of the Company's Matching Gift Program.

Signature	Date
	/ /

> **Claim form will open in new page with option to print or save.**

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