



EMPLOYEE DONATION REQUEST FORM

Important: Proof of the organization's 501(c)3 status is required prior to funding request

Do you contribute to the RSM Boston Foundation via payroll deduction? Yes No
If no, please contact Colleen Boyce before filing this form.

Name of organization: _____

Event name (if applicable): _____

Contribution level:

In memory	\$100
Request where the employee does not participate in the event	\$250
Request where the employee actively participates in the event (i.e., involved in planning & organizing the event, participation in a walk or other fundraising activity)	\$500
Request where the employee has a significant level of commitment (i.e., physical event requiring months of training, volunteer activity that requires multiple meetings)	\$1,000
Request where the employee is actively involved in the strategic focus of the charity (i.e., committee members,; *limited to one request per person per fiscal year. N/A if receiving \$2,500 grant)	*\$1,500
Request where the employee is actively involved in the strategic focus of the charity (i.e., board member, treasurer, trustee; **limited to one request per person per fiscal year)	**\$2,500
Group event sponsored by the Volunteering Committee	Case by Case Evaluation

Date donation is due:** _____
(*Please submit requests at least 21 days prior to the due date; the Foundation will do its best to accommodate requests made under 21 days in advance but cannot make any guarantee)

Describe the purpose/mission of the organization/event:

What is your level of involvement with this organization/event, and how will the Foundation's support help its mission?

Make check payable to: _____

Mail check to: _____

Requestor's name: _____

Would you be willing to share your experience with the RSM Boston Foundation? Yes No

FOR COMMITTEE USE ONLY:

Review date: _____ Approved Declined

Amount: _____ Signature: _____

Notes: _____