Email to: <a href="mailto:rsmbostonfoundation@rsmus.com">rsmbostonfoundation@rsmus.com</a>

## **RSM** Boston Foundation

**EMPLOYEE DONATION REQUEST FORM** 

	Important: Proof of the organization's 501(c)3	status is required prior to funding a	request
Name of	organization:		
Event na	me (if applicable):		
Contribu	tion level:		
	In memory		\$100
	Request where the employee does not participate	in the event	\$250
	Request where the employee actively participates organizing the event, participation in a walk or other		\$500
	Request where the employee has a significant leve requiring months of training, volunteer activity that		\$1,000
	Request where the employee is actively involved in (i.e., board member, treasurer, trustee; *limited to		*\$2,500
	Group event sponsored by the Volunteering Comm	nittee	Case by Case Evaluation
What is y mission?	your level of involvement with this organization/ev	ent, and how will the Foundation's sup	oport help its
Make che	eck payable to:ck to:		
Requesto	or's name:		
-	ontribute to the RSM Boston Foundation via payroll and/or volunteer your time (excluding Desk Free Day)?	☐ Financial ☐ Time	☐ None
For Com	MITTEE USE ONLY:	_	· _
Review da	ate:	☐ Approved ☐	Declined
Amount:		Signature:	