



NHRMA - SHRM Foundation Matching Program

To encourage Chapters and State Councils in the NHRMA region to donate to the **SHRM Foundation**, NHRMA agrees to **match up \$100** per year to the SHRM Foundation for each Chapter and State Council making cash donations. (Excludes auction and raffle donations, etc.)

Chapters and State Councils: Please complete the form (below) with donation confirmation and submit to the **NHRMA Foundations Director** by **December 15** of each year.

Chapter or State Council Name: _____

Contact Name: _____

Contact E-mail: _____ Contact Phone #: _____

Amount Donated to SHRM Foundation: \$_____

Date of Donation: _____ Chapter No: _____

Date Submitted Form to NHRMA: _____

_____ Please Attach Donation Thank You letter from SHRM Foundation.

SHRM Foundation Letter attached? Yes ___ No ___ Other Confirmation? _____

NHRMA Foundations Director Approval: Yes ___ No ___ Date: _____

Reason: _____

NHRMA President Approval Signature: _____ Date: _____

Date Match Sent to SHRM Foundation: _____ Amount: \$_____