

# Donation Form



## 1. Donation Type

Yes! I want to empower HR professionals to build inclusive organizations by making a tax-deductible donation of:

☐ \$30\*   ☐ \$50   ☐ \$100   ☐ \$250   ☐ \$500   ☐ \$1,000   ☐ OTHER: \_\_\_\_\_

\*Your personal gift of \$30 or more will add you to the SHRM Foundation's *Team Empower*.

☐ **Individual Donation:** \_\_\_\_\_ SHRM ID: \_\_\_\_\_  
DONOR NAME

☐ I wish to provide recognition credits for my donation to my SHRM Chapter & State Council.

Chapter Name: \_\_\_\_\_ State: \_\_\_\_\_ Chapter ID: \_\_\_\_\_

State Council Name: \_\_\_\_\_

☐ I wish to make this a monthly donation.

☐ I will join the Leadership Circle by donating \$1,000 or more this year and pledging to give \$1,000 or more in both of the next two years.

☐ **SHRM State Council:** \_\_\_\_\_ State: \_\_\_\_\_

☐ **SHRM Chapter:** \_\_\_\_\_ State: \_\_\_\_\_ Chapter ID: \_\_\_\_\_

☐ **Company/Organization:** \_\_\_\_\_

## 2. Dedication Information

**Would you like to dedicate this donation?**

☐ Gift in honor

☐ Gift in memory

☐ Gift in lieu of speakers fee

\_\_\_\_\_  
Honored / Memorialized Individual / Speaker and Event

\_\_\_\_\_  
Address to send notification of your donation

## 3. Donor Information

\_\_\_\_\_  
Donor Name

\_\_\_\_\_  
SHRM ID

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Email address

## 4. Payment Information

☐ **Check** enclosed payable to SHRM Foundation

\_\_\_\_\_  
Check Number

Make your secure online donation at: [SHRMFoundation.org/DONATE](https://SHRMFoundation.org/DONATE)

Please mail this form with your contribution to the secure lockbox at: SHRM Foundation, P.O. Box 23800, New York, NY 10087-3800.

The SHRM Foundation is a 501(c)(3) nonprofit charity (EIN: 34-6610067). Your gift is tax-deductible to the full extent of current law.