



To: **Maria Qureshi**
SHRM Foundation
1800 Duke Street
Alexandria, VA 22314

Phone: (703) 535-6273
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ANNUAL CAMPAIGN
SHRM CHAPTER/STATE COUNCIL PLEDGE FORM

YES, our SHRM Chapter or State Council: _____

will support the SHRM Foundation Annual Campaign for year: _____

We will contribute: *(please check one)*

\$2500 \$1000 \$500 \$250 Other \$ _____

Please select one of the following:

- Our check payable to "SHRM Foundation" is being sent.
 Please bill us.
 Our contribution is enclosed.

We understand that our chapter or state council will receive points toward our CAP or SCAP and will be recognized as a SHRM Foundation contributor.

Date: _____ **Chapter Number or State:** _____

Chapter President: _____
(or State Council Director)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Country: _____

Telephone: _____ **E-mail:** _____

Thank you for investing in your profession!