



Employee/Family Matching Gift Program

Directions

1. Download and Save this form to your computer. Make note of where you save it.
2. Open and complete the request form you saved. Questions: contact Brian Kraft at 952-324-8913 or by e-mail
3. Create an e-mail to Brian Kraft at btkraft@schulzefamilyfoundation.org
4. Attach this Request Form. **Do not combine this form with your receipt. Keep them separate.**
5. Attach receipt from your 501(c)(3) nonprofit that shows the amount of your donation.

Request Form

Today's Date

First Name _____ Last Name _____
 Member Type _____
 E-mail address _____

Donation Information

Donation Amount _____ Date of Donation _____
 Name of Nonprofit _____
 Mailing address for Nonprofit _____
 City _____ State _____ Zip code _____

Provide a brief description of your donation and/or any instructions for the match

Volunteer information (only Dick's grandchildren are eligible)

Number of volunteer hours _____ Date of service _____
 Name of Nonprofit _____
 Mailing address for Nonprofit _____
 City _____ State _____ Zip code _____

Provide a brief description of your volunteer experience and/or any instructions for the match

- I attest that all the above information is accurate.
- By submitting this form, I am requesting that the RMSFF match the donation amount listed above.

Disclaimer: The Richard M. Schulze Family Foundation (RMSFF) reserves the right to deny a request for matching funds at any time, for any reason. RMSFF will deny a request if: a) making a match would result in an appearance of impropriety; or b) if the participant would receive any inappropriate economic benefit; or c) if the matching funds would be directed to an organization whose mission and activities conflict with the funding guidelines of the Foundation. RMSFF reserves the right to amend, modify, suspend or terminate the Matching Gift Program at any time.