



The Hudson Bay Way Foundation
Charitable Match Donation Form

Employee Name:	Employee Address:
Name of Organization Receiving Donation:	Address of Organization Receiving Donation:
Amount of Employee Donation:	Date of Employee Donation:
Area of Support for Donation: <input type="checkbox"/> Community <input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> Wellness	Comments:

A receipt from the Charitable Organization must accompany this form.

- ☺ The Hudson Bay Way Foundation welcomes the opportunity of contributing to community organizations that are meaningful to Hudson Bay Insulation employees.
- ☺ Annually, THBWF will match up to **\$200 per employee** up to the annual budgeted amount for this program as determined by the Foundation Board.
- ☺ Contributions must be made to organizations that are classified as 501(C)(3) organizations.

April 2017
The Hudson Bay Way Foundation
210 S. Hudson St. #375
Seattle, WA 98134

For THBWF use only: Date received: _____ Approved: _____
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