



The Minnesota Chapter of the Project Management Institute®

Charitable Giving Form

Date:

Organization name:

Address:

Contact name:

Phone:

E Mail:

Type of Organization

Federal Tax ID

Reason and purpose of the request. (Use a separate page if necessary)

How does request align with PMI-MN's Purpose, Mission, Vision, and Goals:

Description of Service(s) Requested:

Funding amount requested:

Start date:

Estimated completion date:

Complete and return form to administrator@pmi-mn.org.