

GRANT RECOMMENDATION FORM

Date

Fund Name

Fund ID

Organization Name

Amount of Grant

\$

Organization Address

I have suggested a grant to this organization in the past.

City

State

Zip Code

Organization Phone (if available)

Grant Purpose (This information will appear on the check.)

Remain Anonymous (Fund Name will not appear on the check.)

Special Instructions for Internal Processing (This information will NOT appear on the check.)

Mailing Instructions:

Mail Grant Check to the Charity

Mail Grant Check to the Following Address:

Terms of Agreement

I certify that the above suggestion does not represent the payment of any irrevocable or legally binding pledge or other financial obligation, nor does the undersigned or any family member expect any personal benefit from this charitable distribution. I also acknowledge the above suggestion must receive approval of the Board of Directors of the Community Foundation.

Signature

Email Address

Phone Number