

GRANT SUGGESTION FORM

| Date | Fund Name | Fund ID | | |
|---|--|---------------------------------|--|--|
| | | | | |
| Organization Name | | Amount of Grant | | |
| | | \$ | | |
| Organization Address | | have suggested a grant | | |
| | | o this organization in the ast. | | |
| City: | State: Zip Code: Organization Phone (if available) | | | |
| | | | | |
| Grant Purpose (This information will appear on the check.) | | | | |
| | | | | |
| Remain Anonym (Fund name will n appear on the che | ot | | | |
| Special Instructions for Internal Processing (This information will not appear on check.) | | | | |
| | | | | |
| Mailing Instructions: 🦳 Mail Grant Check to Indian River Community Foundation | | | | |
| | Mail Grant Check to the Following | | | |
| | Address: | | | |
| Terms of Agreeme | ent | | | |

To ensure fund activity follows IRS rules, I agree that every penny of this grant will be used for a charitable purpose, and neither I nor anyone I know will receive anything more than a coffee mug or other incidental benefit in return.

| Signature | Email Address | Phone Number |
|-----------|---------------|--------------|
| | | |

Return this form to: donorservices@ircommunityfoundation.org or fax: 772.492.1408 P.O. Box 643968 | Vero Beach, FL 32964 | 772.492.1407 | www.ircommunityfoundation.org