# 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**

*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

INDIAN RIVER COMMUNITY FOUNDATION

**Return Form to: donorservices@ircommunityfoundation.org or fax to 772.492.1408**

Mailing: PO Box 643968, Vero Beach, FL 32964 | 772.492.1407 (o) 772.492.1408 (f)

Physical: 5070 N. Highway A1A, Ste 200, Vero Beach, FL 32963 | ircommunityfoundation.org