



Charitable Fund Grant Recommendation Form

Charitable Fund Name: _____

Charitable Recipient Information:

Organization: _____

Contact: _____

Address: _____
City State Zip

Phone: _____

Recommended Grant Amount:

Grant Amount: \$ _____

Acknowledgement Options, Purpose of Grant and Special Instructions:

Please issue this grant (select all that apply):

- In the name of the Charitable Fund (the fund name will be used if no other selection is made)
- Anonymously
- In memory of _____
- In honor of _____
- To support the mission and ministry of _____

Purpose of grant: _____

Special Handling or Distribution Instructions: _____

Signature of Fund Advisor(s)

I certify that this grant shall not satisfy a written pledge or legal obligation of mine or any other person and that any benefit or privilege (such as gifts or tickets to events) to me or any other person resulting from this grant shall be declined.

Signature of Advisor

Phone Number

Date

Signature of Advisor

Phone Number

Date

Signature of Advisor

Phone Number

Date

Signature of Advisor

Phone Number

Date

Signature of Advisor

Phone Number

Date