



ADVISED FUND GRANT RECOMMENDATION FORM (multiple)

Date: _____

I suggest a distribution from the: _____

(Name of Fund)

TO:

<p>Organization's official name: _____</p> <p>Contact Person/Title _____</p> <p>Address: _____</p> <p>Purpose (if other than general support): _____</p> <p>Amount _____ () Make gift anonymously</p> <p>Special Instructions? _____</p>
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For Foundation use only: () Investigated () Approved Date: _____ Name: _____

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I acknowledge that the requested recommendation above does not represent the payment of any legally enforceable pledge or obligation nor does the undersigned expect any goods or services as a result of this charitable donation. I acknowledge that all grant awards must be approved by the Board of Directors of the Foundation.

Name: \_\_\_\_\_

**Signature**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

*If you would like staff assistance in designing a grantmaking program or in locating programs within your field(s) of interest, please contact our offices at (912) 268-4442 or (912) 268-2561.*

*A notification letter and a check will be sent to the recipient(s) following approval of your request. You will also receive notification when the distribution has been made.*