

# GRANT SUGGESTION 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 check.)

**I hereby certify that this suggestion will not provide “more than incidental benefits” to me, my family, any advisor to the fund or their family, or any businesses that any of us control, and will not support political campaigns. I acknowledge this suggestion must receive approval of the Community Foundation.**

\*Examples of benefits that may be considered more than incidental include:

- fulfillment of an irrevocable or legally binding pledge or other personal financial obligation made to any institution;
- raffle tickets;
- membership benefits;
- admission to a charitable event or goods or services received or purchased while attending a charitable event (e.g., dinner or auction items); and
- personal benefits to any individual, including tuition or scholarships.

Signature  Email Address  Phone Number