



GRANT RECOMMENDATION FORM

Date	Fund Name	Fund ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organization Name	Amount of Grant
<input type="text"/>	\$ <input type="text"/>

Organization Address	<input type="checkbox"/> I have suggested a grant to this organization in the past.
<input type="text"/>	

City	State	Zip Code	Organization Phone (if available)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)*

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Return this form to: info@longbeachcf.org, Fax (562) 590 - 0493, or LBCF 400 Oceangate, Suite 800, Long Beach, CA 90802

phone (562) 435 - 9033 | *web* longbeachcf.org