



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)

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

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