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| --- |
| Fund Name:  |
| Amount of Recommendation:  |
| Organization: 227-1238513 |
| Contact Name & Title:  |
| Address:  |
| Phone:  | Email:  |
| Project Purpose (unless general support):  |
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| If the Grant is approved by the board of directors, How would you like to be recognized in the letter we send to the nonprofit organization? |
| I would like this grant to be completely anonymous. Please do not mention my name or the fund name: **YES or NO** |
| I would like fund name to be included in the grant correspondence: **YES or NO** |
| I would like my/our names included as the advisors: **YES or NO** If yes, please list my/our names as:  |
| I would like the organization to submit a grant report (available for grants of $5,000 or more)? **YES** or **NO** |
|  |
| Please email a copy of the award letter to the following address:  |
| Please mail a copy of the award letter to the following address:  |
|  |
| My signature affirms that this grant recommendation does not represent payment of any pledge or other financial obligation for the donors, advisors or related parties and that no tangible benefit, goods or services will be received as a result of payment. NOTE: E-mailing a completed form is equivalent to signing it. |
| Advisor’s Signature: Date:  |