

Grant Recommendation Form

So that we may serve you better, please complete this form as fully as possible.

As an advisor to the _____ Fund, _____
(your fund name) fund code (optional)

I (we) recommend the following grant(s) of \$500 or more for:

Organization: _____

CONTACT PERSON NAME & TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: () _____

AMOUNT: \$ _____ FREQUENCY: _____ one-time _____ recurring (\$ _____ per month)

PURPOSE OF GRANT: _____ I WISH TO REMAIN ANONYMOUS ___yes___no
(e.g., general operations, capital campaign, specific program, endowment, etc.)

Organization: _____

CONTACT PERSON NAME & TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: () _____

AMOUNT: \$ _____ FREQUENCY: _____ one-time _____ recurring (\$ _____ per month)

PURPOSE OF GRANT: _____ I WISH TO REMAIN ANONYMOUS ___yes___no
(e.g., general operations, capital campaign, specific program, endowment, etc.)

For more grant recommendations, use additional pages as necessary.

The distribution(s) suggested above are advisory only and do not represent satisfaction or discharge of any pledge or other financial obligation. In addition, the distribution(s) will not result in any personal benefit to the undersigned, such as a membership, tickets to events, etc.

 Advisor's signature Date

 Additional Advisor's signature (If applicable) Date

Please mail form to: ProvisionBridge
 125 Main Street, Suite #1
 P.O. Box 337
 Tallulah Falls, GA 30573
 or fax back to:
 706.754.9247
 and retain a copy for your records.