

# Grant Recommendation Form



**Philanthropy**  
INTERNATIONAL  
A National Community Foundation

## Foundation Information

FOUNDATION NAME (DAF) \_\_\_\_\_

FOUNDATION NUMBER \_\_\_\_\_

## Grant Information

\$ \_\_\_\_\_  
AMOUNT (MINIMUM OF \$200)

LEGAL NAME OF CHARITY \_\_\_\_\_

FEDERAL TAX ID NUMBER \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

DESIGNATION (I.E., RESEARCH, EDUCATION) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HAVE YOU PREVIOUSLY RECOMMENDED A GRANT TO THIS CHARITY THROUGH YOUR LEGACY?

YES  NO

## Donor Recognition or Anonymity

Check only one box to indicate the specifics about the donor recognition or anonymity on the official letter that is sent to the charity with the grant.

- Please note my foundation (DAF) as the donor for this grant.
- Please note the individual name(s) on the account of my foundation (DAF) as the donor for this grant.
- Please bestow this grant anonymously.
- Please note the following individual(s) to be recognized as the donor for this grant: \_\_\_\_\_

## Timing Instructions for Grant

- Philanthropy International will bestow this one-time grant, upon approval, on the 5th of the month.
- Please bestow this continual grant starting on \_\_\_\_ / \_\_\_\_ 05 / \_\_\_\_ and ending on \_\_\_\_ / \_\_\_\_ 05 / \_\_\_\_ with a time interval of \_\_\_\_\_ (i.e., monthly, quarterly, annually)

## Signature

I acknowledge that I have read and understood the Policies and Procedures published by Philanthropy International, including, but not limited to, the Grant Making Recommendations and Distribution section. I hereby attest the grant does not attempt to meet a previously pledged gift to the charity, nor will I or anyone related to me receive any benefit from the charity (i.e., the grant does not reflect any type of payment or donation for any goods or services such as an auction, tuition, membership fees, etc.).

Donor 1 \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Donor 2 \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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