



ADVISED FUND GRANT RECOMMENDATION FORM

Date: _____

I suggest a distribution from the: _____
 (Name of Fund)

TO:

Organization's official name: _____	
Contact Person/Title _____	
Address: _____	
Purpose (if other than general support): _____	
Amount _____	<input type="checkbox"/> Make gift anonymously
Special Instructions? _____	

I acknowledge that the requested recommendation above does not represent the payment of any legally enforceable pledge or obligation nor does the undersigned expect any goods or services as a result of this charitable donation. I acknowledge that all grant awards must be approved by the Board of Directors of the Foundation.

Name: _____

Signature

Address: _____

Phone: _____ Email _____

If you would like staff assistance in designing a grantmaking program or in locating programs within your field(s) of interest, please contact our offices at (912) 268-4442 or (912) 268-2561.

A notification letter and a check will be sent to the recipient(s) following approval of your request. You will also receive notification when the distribution has been made.

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*For Foundation use only*

|                                              |                                          |
|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> <i>Investigated</i> | <input type="checkbox"/> <i>Approved</i> |
| <i>Date:</i>                                 | <i>Name:</i>                             |

**Email, fax or mail completed form to:**  
[epost@coastalgeorgiafoundation.org](mailto:epost@coastalgeorgiafoundation.org) / Fax: 912-268-2316  
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