

Please complete this form to recommend a grant to a charitable organization. Recommendations will generally be acted upon within ten business days following submission of the recommendation. Grants are mailed directly to the charitable organization. For more than two recommendations, please photocopy this sheet and attach additional pages.

## 1. Fund Information

### Name of Primary Advisor

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Fund Name \_\_\_\_\_ Account Number \_\_\_\_\_

## 2. Grant Recommendation & Acknowledgement

I recommend a grant in the amount of \$ \_\_\_\_\_ (minimum \$100) be made from the above-named fund to the following charitable organization:

### Recommended Grant Recipient

Official Name \_\_\_\_\_ Organization's Employer Identification Number (if known) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person at Organization (if known) \_\_\_\_\_ Contact Telephone or Email Address (if known) \_\_\_\_\_

This grant is intended for (special purpose, if any, such as a particular project, annual fund, etc.) \_\_\_\_\_

Grant Recurrence:  Yes  No If yes, indicate recurrence interval:  Monthly  Quarterly  Semiannually  Annually  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Grant Acknowledgement

A letter accompanying your grant will be sent to your selected charity. Please select an option below.

Recognize Primary Advisor name & fund name  Recognize fund name only  Anonymous

Include Primary Advisor address?  Yes  No

Other recognition (In Honor of, In Memory of, In the Name of, In Gratitude to) \_\_\_\_\_

Please indicate investment portfolio from which to make Grant:

Money Portfolio  Equity Portfolio  Income Portfolio

## 2. Grant Recommendation & Acknowledgement - for second Recipient (if needed)

I recommend a grant in the amount of \$ \_\_\_\_\_ (minimum \$100) be made from the account named on the prior page to the following charitable organization:

### Recommended Grant Recipient

Official Name	Organization's Tax ID Number (if known)		
Address	City	State	Zip
Contact Person at Organization (if known)	Contact Telephone or Email Address (if known)		

This grant is intended for (special purpose, if any, such as a particular project, annual fund, etc.) \_\_\_\_\_

Grant Recurrence:  Yes  No If yes, indicate recurrence interval:  Monthly  Quarterly  Semiannually  Annually  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Grant Acknowledgement

A letter accompanying your grant will be sent to your selected charity. Please select an option below.

Recognize Primary Advisor name & fund name  Recognize fund name only  Anonymous

Include Primary Advisor address?  Yes  No

Other recognition (In Honor of, In Memory of) \_\_\_\_\_

Please indicate investment portfolio from which to make Grant:

Money Portfolio  Equity Portfolio  
 Income Portfolio

## 3. Required Signature

- I understand that, as stated in the Program Guide for the *Creative Gift Fund*, the Foundation will consider this recommendation in making distributions from the Fund, but is not required to follow this recommendation.
- I acknowledge that the Foundation will rely on the authenticity of the signature set forth below as belonging to the Primary Advisor for the Fund named above.
- I affirm that no portion of the suggested distribution listed herein is for the purpose of fulfilling a legally enforceable obligation, personal pledge, or for the receipt of any personal benefit which has been made by a Primary Advisor or Successor Advisor.
- I understand that the Foundation reviews all grant recommendations to ensure that the organization is a recognized charity under IRS regulations.

Primary Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

## 4. Mailing Instructions

Please mail to: Presbyterian Foundation . 200 East Twelfth Street . Jeffersonville, IN 47130  
You may also fax this form to: 502-805-0466 or scan and email to [receipts@fdn.pcusa.org](mailto:receipts@fdn.pcusa.org).