

Grant Recommendation Form



Fund ID (If Known)	
Charitable Gift Fund (CGF) Name	Investment Acct. # (If Known)
I/We recommend a grant from this Fund, in the amount of: (Either \$ or % of the total available for grant-making - min. \$250)	

- For this year only, OR;
 For a period of years, OR;
 In perpetuity until and unless I/we advise Charitable Gift Funds Canada Foundation differently in writing, to:

Charitable Organization's Name		
Mailing Address		
City	Province	Postal Code
Telephone	Email	
Contact Person (if Known)	Contact Person's Title	
Purpose of Grant (e.g. unrestricted, specific department or program, greatest need, etc.)		
Charitable Registration No. (Office Use Only)		

Published Recognition: A letter will accompany the grant cheque to the charity. This letter will indicate how you would like this grant to be publicly recognized by the recipient organization (e.g. in published donor lists, on a donor wall, etc.) and, where you have consented to being recognized, will include the CGF name & your mailing information for the sole purpose of being thanked directly by the grant recipient. Please specify your choice below: (Please ✓ appropriate box and/or space)

- Anonymous** (No personal/CGF/grant advisor information will be disclosed to the charity. No recognition should be expected.)
 Partial Anonymity (Personal/CGF/grant advisor information will be provided to the charity with a **no public recognition** request.)
 Recognize the charitable gift fund name only. (Personal or grant advisor information will be provided for contact information purposes.)
 Recognize the name(s) of the ___ donor(s) &/or ___ grant advisor(s) only. (CGF name will also be provided for information purposes.)
 Customized Letter Option: Should none of the options described above address your acknowledgement/recognition needs, please provide special instructions for a customized letter: (e.g. acknowledgement in letter: don't mention CGF name, don't provide contact information; published recognition: honouring, in memory of; etc.)

Grant Disbursement: I prefer that the grant be disbursed:

- As soon as possible
 On a future date (please specify): _____
 On a recurring basis: quarterly semi-annually annually. Starting in: _____ (Month)

I/We understand that this is a recommendation only, and not a direction. I also understand that the Charitable Gift Funds Canada Foundation (CGFCF) will perform its own evaluation of the charitable organization identified above. This recommendation **does not constitute payment of any personal pledge** or other financial obligation of mine. If any benefits or privileges are offered in connection with this grant I have not and will not accept them.

Signature	Date
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Upon completing this form, please email or mail it to:
 Gift Funds Canada
 645 Gardiners Rd., Ste. 202, Kingston ON K7M 8K2; email: grants@cgfcf.ca; Tel:1.866.712.5988