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# COMMUNITY FOUNDATION

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*of South Georgia*

## GRANT ADVISEMENT REQUEST FORM

Date: \_\_\_\_\_

I/We recommend that the following amount(s) be given to the below listed tax exempt charitable organization(s) from the \_\_\_\_\_ Fund.

Charity Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Charity Address: \_\_\_\_\_

Grant to be used for: \_\_\_\_\_

Charity Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Charity Address: \_\_\_\_\_

Grant to be used for: \_\_\_\_\_

Charity Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Charity Address: \_\_\_\_\_

Grant to be used for: \_\_\_\_\_

***I/We certify that we haven't received nor will we receive any goods, services, sporting tickets, etc. in exchange for this suggested donation and that this grant is not being directed by me for the benefit of a specific individual.***

Signature: \_\_\_\_\_