



COMMUNITY FOUNDATION

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: _____