

of South Georgía

GRANT ADVISEMENT FORM

Date:		_						
I/We recommend the organization from the								exempt Fund.
Charity Name:								
Address:						 		
City, State, Zip						 		_
Contact Person:						 		
Grant to be used for:								
I/We certify that we hetc. in exchange for the the benefit of a specific	his suggeste	ed donation an		-	_	_	_	
Signature:			_					