



COMMUNITY FOUNDATION

of South Georgia

GRANT ADVISEMENT FORM

Date: _____

I/We recommend that \$_____ be given to the below listed tax exempt organization from the _____ Fund.

Charity Name: _____

Address: _____

City, State, Zip _____

Contact Person: _____

Phone: _____ Email: _____

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: _____

Multiplying the Gift, Maximizing the Impact

PO Box 2654, Thomasville, Georgia 31799 • www.cfsga.net
Phone: 229.228.5088 • Fax: 229.228.0848