

# DONOR GRANT RECOMMENDATION

Date \_\_\_\_\_ Phone \_\_\_\_\_

Fund Name/Number \_\_\_\_\_

Your Name \_\_\_\_\_

Your Signature (Required) \_\_\_\_\_



**JEWISH  
COMMUNITY  
FOUNDATION**  
OF GREATER KANSAS CITY

Smarter Giving. Your Way.

## THE BOX BELOW MUST BE CHECKED TO PROCESS

I agree:

- If any benefits or privileges are offered in connection with such grant, I have not and will not accept them on my own behalf or on behalf of another. If grant is for an event requiring tickets, the suggested amount covers the charitable portion only. The non-charitable portion of the ticket will be either purchased separately or declined.

Please note: Grants are processed weekly. Recommendation forms are due by Tuesday at 12:00 pm.

I hereby recommend a grant(s) to be made to the following 501(c)(3) organization: (PLEASE PRINT)

### GRANT RECOMMENDATION 1

Grant Amount \$ \_\_\_\_\_

Organization Name \_\_\_\_\_

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

Address \_\_\_\_\_

Purpose of Grant \_\_\_\_\_

Not Attending

Attending, Tickets Purchased Separately

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

### GRANT RECOMMENDATION 2

Grant Amount \$ \_\_\_\_\_

Organization Name \_\_\_\_\_

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

Address \_\_\_\_\_

Purpose of Grant \_\_\_\_\_

Not Attending

Attending, Tickets Purchased Separately

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_