

# DONOR GRANT RECOMMENDATION

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

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

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

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



**JEWISH  
COMMUNITY  
FOUNDATION**  
OF GREATER KANSAS CITY

Smarter Giving. Your Way.

## BOTH BOXES MUST BE CHECKED TO PROCESS

I agree:

- The suggested grant does not represent the payment of any pledge or other financial obligations.*
- 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 Wednesday at 5:00 pm.**

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

### GRANT RECOMMENDATION 1

Grant Amount \$ \_\_\_\_\_ Date to be Mailed \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

- Not Attending
- Tickets Purchased Separately
- In Honor of \_\_\_\_\_
- In Memory of \_\_\_\_\_

Notes \_\_\_\_\_

### GRANT RECOMMENDATION 2

Grant Amount \$ \_\_\_\_\_ Date to be Mailed \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

- Not Attending
- Tickets Purchased Separately
- In Honor of \_\_\_\_\_
- In Memory of \_\_\_\_\_

Notes \_\_\_\_\_