

DONOR GRANT RECOMMENDATION



JEWISH
COMMUNITY
FOUNDATION
OF GREATER KANSAS CITY

Smarter Giving. Your Way.

Date _____ Phone _____

Fund Name/Number _____

Your Name _____

Your Signature (Required) _____

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 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 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 Attending, Tickets Purchased Separately
 In Honor of _____ In Memory of _____

Notes _____