

## GRANT SUGGESTION FORM

Date	Fund Name	Fund ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organization Name	Amount of Grant
<input type="text"/>	\$ <input type="text"/>

Organization Address	<input type="checkbox"/> I have suggested a grant to this organization in the past.
<input type="text"/>	

City	State	Zip Code	Organization Phone (if available)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grant Purpose (This information will appear on the check.)

Remain Anonymous (Fund name will not appear on the check.)

Special Instructions for Internal Processing (This information will not appear on check.)

Mailing Instructions:  Mail Grant Check to Community Foundation of Howard County

Mail Grant Check to the Following Address:

### Terms of Agreement

*I understand that the above suggestion(s), in accordance with IRS regulations covering charitable contributions, will not be used for the following purposes: to fulfill an irrevocable or legally binding pledge or other personal financial obligation made to any institution; to support a political campaign; to purchase raffle tickets; to pay for a membership, dinner, or any other activity that provides a benefit to me, my family, any advisor to the fund or their family, or any businesses that any of us control; to pay for personal expenses incurred by a relative, including tuition; to provide any other substantial private benefit to any individual. I also acknowledge the above suggestion(s) must receive approval of the Community Foundation.*

Signature	Email Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>