



## Grant Recommendation Form

Please type or print clearly in CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

### 1. Donor Account Name and Number

Donor Account Name: \_\_\_\_\_

### 2. Recommended Recipient Charity

*Before making your recommendation, please review the certifications in Section 6.*

Organization's Official Name: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

#### *Recommended Purpose*

**Is there a recommended purpose for this gift?** If yes, describe (e.g., annual fund, in memory of, to honor). If the purpose of your grant is to honor a loved one and you wish to notify the honoree or their family, include the name and address of the person to be notified.

Details: \_\_\_\_\_

### 3. Grant Amount *Minimum of \$250*

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

Please also write out the amount of the grant: \_\_\_\_\_

### 4. Acknowledgement

Grants to charities are accompanied by a letter that includes the name(s) of the individual(s) recommending the grant so the charity may thank them. *Please check only ONE box to indicate who should be acknowledged for the grant.*

The individual(s) named on the Donor Account

The name of the Donor Account only

Anonymous

The following individual(s) in lieu of those named on the Donor Account:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

### 5. Timing of Grant *Check one.*

As soon as possible

Issue this grant on a specific date – Date (MM/DD/YYYY): \_\_\_\_\_



Issue this grant on a scheduled/recurring basis. *The grant amount in Section 3 will be sent for each scheduled occurrence.*

Start Date (MM/DD/YYYY): \_\_\_\_\_

End Date (MM/DD/YYYY): \_\_\_\_\_

Frequency:  Monthly  Quarterly  Semiannually  Annually

Your grant recommendation is nonbinding and is subject to review and approval by National Charitable Endowment. If approved, the grant will generally be made within 10 business days; however, this process may in some circumstances take longer. Confirmation that the grant was approved and sent will be mailed or emailed to the Primary Account Holder once the grant has been issued.

## 6. Signature

By signing below, you:

- Certify that neither you nor anyone else will receive any impermissible benefit (e.g., tuition, membership fees with more than incidental benefits (see end of this paragraph), dues, admission to a charitable or other event, goods bought at auction) from the recommended charitable organization from this grant, if distributed. Examples of permissible benefits include benefits that are not more than incidental, such as free or discounted admission, free or discounted parking, token logo-bearing key chains, caps, T-shirts, and calendars.
- Certify that this grant will **not** fulfill all or a portion of a pledge to the charitable organization.
- Acknowledge that this grant does not entitle you or any other person to an income tax charitable deduction, because the donor was eligible to take a deduction at the time of the contribution(s) to National Charitable Endowment. Any tax receipt that may be received from the recommended charity will be disregarded.
- Certify that if the grant you are recommending is for a supporting organization, neither you nor any other Account Holders on the Donor Account, nor any parties related to you or to any other Account Holders on the Donor Account, directly or indirectly control any supported organization of the recommended grant recipient. Supporting organizations are 501(c)(3) public charities that typically carry out one or more functions of their supported public charity (e.g., an alumni association that fundraises for a university, or a parent-teacher association that performs certain functions at a school).

Account Holder Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

**Please sign this form and send to National Charitable Endowment by email:  
[DonorCare@natcharitable.org](mailto:DonorCare@natcharitable.org), or by mail (address below).**

### Regular Mail

National Charitable Endowment  
23 Old Kings Highway South  
Darien, CT 06820

### Overnight Mail

National Charitable Endowment  
23 Old Kings Highway South  
Darien, CT 06820

**Questions? Call 203-303-7722.**