

Grant Recommendation Form

As an advisor to the _____ []
4-digit fund #

I (we) suggest the following grant(s):

Organization Name: _____ Grant Amount: \$ _____
Address: _____ Anonymously: YES NO

Contact Person: _____

Purpose of the grant (e.g. general operations, capital campaign, specific program, etc.):

Organization Name: _____ Grant Amount: \$ _____
Address: _____ Anonymously: YES NO

Contact Person: _____

Purpose of the grant (e.g. general operations, capital campaign, specific program, etc.):

Organization Name: _____ Grant Amount: \$ _____
Address: _____ Anonymously: YES NO

Contact Person: _____

Purpose of the grant (e.g. general operations, capital campaign, specific program, etc.):

If this grant is from a donor-advised fund, I acknowledge that I have read the Donor Advised Fund Policies and Guidelines. The distribution(s) suggested above are advisory only and do not represent satisfaction or discharge of any pledge or other financial obligation. In addition, the distribution(s) will not result in any personal benefit to the undersigned, such as membership, tickets to events, etc.

Signature

Date

Please mail this form to the Foundation at 424 East Kennedy Street, Spartanburg, SC 29302 or email to Christy Fernandez, Finance Associate at cfernandez@spcf.org. For questions, please contact the Foundation at (864) 582.0138.

*Payment requests are received from Wednesday through 2 p.m. on the following Tuesday to have a check issued on that Friday.

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