

# Grant Recommendation Form



Fund ID (If Known)

Charitable Gift Fund (CGF) Name

Investment Acct. # (If Known)

I/We recommend a grant from this Fund, in the amount of:  
(Either \$ or % of the total available for grant-making – min. \$250)

- ☐ For this year only, OR;
- ☐ For a period of  years, OR;
- ☐ In perpetuity until and unless I/we advise Charitable Gift Funds Canada Foundation differently in writing, to:

Charitable Organization's Name

Mailing Address

City

Province

Postal Code

Telephone

Email

Contact Person (if Known)

Contact Person's Title

Purpose of Grant (e.g. unrestricted, specific department or program, greatest need, etc.)

Charitable Registration No. (Office Use Only)

**Published Recognition:** A letter will accompany the grant cheque to the charity. This letter will indicate how you would like this grant to be publicly recognized by the recipient organization (e.g. in published donor lists, on a donor wall, etc.) and, where you have consented to being recognized, will include the CGF name & your mailing information for the sole purpose of being thanked directly by the grant recipient. Please specify your choice below: (Please ☒ appropriate box and/or space)

- ☐ **Anonymous** (No personal/CGF/grant advisor information will be disclosed to the charity. No recognition should be expected.)
- ☐ **Partial Anonymity** (Personal/CGF/grant advisor information will be provided to the charity with a **no public recognition** request.)
- ☐ **Recognize the charitable gift fund name only.** (Personal or grant advisor information will be provided for contact information purposes.)
- ☐ **Recognize the name(s) of the \_\_\_ donor(s) &/or \_\_\_ grant advisor(s) only.** (CGF name will also be provided for information purposes.)
- ☐ **Customized Letter Option:** Should none of the options described above address your acknowledgement/recognition needs, please provide special instructions for a customized letter: (e.g. acknowledgement in letter: don't mention CGF name, don't provide contact information; published recognition: honouring, in memory of; etc.)

**Grant Disbursement:** I prefer that the grant be disbursed:

- ☐ As soon as possible
- ☐ On a future date (please specify): \_\_\_\_\_
- ☐ On a recurring basis: ☐ quarterly ☐ semi-annually ☐ annually. Starting in: \_\_\_\_\_ (Month)

I/We understand that this is a recommendation only, and not a direction. I also understand that the Charitable Gift Funds Canada Foundation (CGFCF) will perform its own evaluation of the charitable organization identified above. This recommendation **does not constitute payment of any personal pledge** or other financial obligation of mine. If any benefits or privileges are offered in connection with this grant I have not and will not accept them.

Signature

Date

Upon completing this form, please email or mail it to:  
Gift Funds Canada

645 Gardiners Rd., Ste. 202, Kingston ON K7M 8K2; email: [grants@giftfunds.com](mailto:grants@giftfunds.com); Tel: 1.866.712.5988