

GRANT RECOMMENDATION FORM

Mail completed Grant Recommendation Form to the address at the end of this document.

ACCOUNT INFORMATION

| ACCOUNT NUMB | ER | | | | New | Existing | | |
|--|----|---|--------------|--|-----|----------|--|--|
| NAME (First, Middle,Last) | | | | | | | | |
| MAILING ADDRESS | | | | | | | | |
| CITY/STATE/ZIP | | | | | | | | |
| CONTACT #1 | | | | | | | | |
| CONTACT #2 | | | | | | | | |
| EMAIL | | | | | | | | |
| GO GREEN! | | I wish to receive electronic notifications instead of paper statements and cut down on paper usage. | | | | | | |
| | | | | | | | | |
| GRANT RECOMMENDATION | | | | | | | | |
| Grants can only be made to certain IRS approved 501(c)(3) organizations. No person may receive a benefit that is other than incidental as the result of a grant. In no case may a grant satisfy a pre-existing pledge. | | | | | | | | |
| ORGANIZATION | | | CONTACT NAME | | | | | |
| MAILING ADDRESS | | | | | | | | |
| CITY/STATE/ZIP | | | | | | | | |
| EMAIL | | | WEBSITE | | | | | |
| PHONE | | | FAX | | | | | |
| | | | | | | | | |



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| ADDITIONAL INSTRUCTIONS | | | | | | | | | |
|----------------------------------|----------|----------------|------|-------|--|--|--|--|--|
| Please specify graninstructions: | nt | GENERAL OPERAT | | | | SPECIAL PROJECT (Please provide a description) | | | |
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| SIGNATURES | | | | | | | | | |
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| DONOR 1 SIGNAT | ΓURE | | | TITLE | | | | | |
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| | | | _ | | | | | | |
| DONOR 1 PRINT NAME | | | DATE | | | | | | |
| | | | | | | | | | |
| GRANT RECOMM | IENDATIO | ON | | | | | | | |
| GRANT AMOUNT | \$ | | TAX | (ID# | | (\$250 minimum grant) | | | |



GRANT RECOMMENDATION FORM

Mail Completed Agreement To:

SDG Impact Fund Attn: Tony Suber 475 E. Main Street #154 Cartersville, GA 30121 **Or Fill and Send to:**

admin@sdgimpactfund.org