



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 (For Office Use Only)

- Mailing Instructions:
- Mail Grant Check to the Organization
 - Mail Grant Check to Placer Community Foundation
 - Mail Grant Check to the Following Address:

Terms of Agreement

To keep the IRS happy, in relation to this grant, I agree that every penny of this grant will be used for a charitable purpose, and neither I nor anyone I know will receive anything more than a coffee mug or any other incidental benefit in return. I also acknowledge that this grant will not fulfill a legally binding pledge or commitment.

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