FAITH COMMUNITY FOUNDATION

GRANT RECOMMENDATION FORM

*Please fill out the following form completely and clearly. Please attach additional sheets as necessary.*

**Account Information**

Donor Name(s) ___________________________  Daytime Phone   (_____) ______________________

Account Name ___________________________  Account Number  _____________________________

**Grant Request:** Donors may recommend four primary forms of grant from their accounts (1) a specific dollar amount to a designated charity, (2) a periodic dollar amount to a specific charity, (3) a specific dollar amount to a charitable purpose, or (4) a periodic dollar amount to a charitable purpose. Designated charities must be approved by Faith Community Foundation (“FCF”); however, they may be designated to charitable entities or accounts, such as endowments. If the grant request is for a charitable purpose, FCF will determine which charities will best serve such a purpose. Please refer to the Faith Community Foundation Program Description for additional details.

**Grant Request(s) to Designated Charity(ies)** (Please use additional forms for grants to more than four charities):

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<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
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<td>Business Phone</td>
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<td>FEIN (if known)</td>
<td>FEIN (if known)</td>
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I/We recommend that the FCF distribute from our account an:

| Outright Gift of $____________________ | Outright Gift of $____________________ |
| Period Gift of $_________every __________ | Period Gift of $_________every __________ |

Do you wish the gift made in your account name?

Yes ________  No ________

Yes ________  No ________

Notes:

Notes:
Name ___________________________________ Name ________________________________
Address ___________________________________ Address ________________________________
City ___________________________________ City ___________________________________
State _______ Zip _______________ State _______ Zip _______________
Business Phone _____________________________ Business Phone _____________________________
FEIN (if known) _____________________________ FEIN (if known) _____________________________

I/We recommend that the FCF distribute from our account an:
Outright Gift of $____________________
Period Gift of $_________every __________________
Do you wish the gift made in your account name? Yes ________      No _________

Notes:_______________________________

Periodic gifts may be canceled by written notice to the FCF. The notice should be signed and dated by the donor(s).

Grant Recommendations for Distribution to Specified Charitable Purpose(s) (Please use additional forms for recommendations to more than four charitable purposes):

Charitable Purpose Donor(s) wish to benefit (please describe on separate paper if necessary):

I/We recommend that the FCF distribute from our account an:
Outright Gift of $____________________
Period Gift of $_________every __________________
Do you wish the gift made in your account name? Yes ________      No _________

Notes:_______________________________
Charitable Purpose Donor(s) wish to benefit (please describe on separate paper if necessary):

I/We recommend that the FCF distribute from our account an:

Outright Gift of $____________________

Period Gift of $_______every __________________

Do you wish the gift made in your account name?

Yes _______  No _______

Notes:

Signature: I acknowledge that I have read the Program Description and agree to its terms and/or conditions regarding recommendations of Grants from my Faith Community Foundation account. I recommend the grants as described above.

Donor Signature _________________________________ Date _____________________

Donor Signature _________________________________ Date _____________________

All distributions to other organizations will be approved by the Board of Directors of Faith Community Foundation.