

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):

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:

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?

Do you wish the gift made in your account name?

Yes _____ No _____

Yes _____ No _____

Notes:

Notes:

FAITH COMMUNITY FOUNDATION, 2130 Grand Avenue, Des Moines, IA 50312 • (515) 664-0600

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:

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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):

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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:

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:

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Period Gift of \$ _____ every _____

Do you wish the gift made in your account name?

Do you wish the gift made in your account name?

Yes _____ No _____

Yes _____ No _____

Notes:

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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.