

CHARITABLE FUND
GRANT RECOMMENDATION

To: The Community Foundation of Decatur/Macon County, Illinois

Re: The _____ Charitable Fund

Recipient

Organization's Name: _____

Address: _____

City/State/Zip: _____

Special purpose: _____
(if applicable)

Grant amount: \$ _____

Timing of grant:

() Issue this grant on a specific date: _____

() Issue this grant on a standing/recurring basis:

Time interval: _____ monthly, _____ quarterly, _____ annually

Start date: _____/_____/_____

Signature:

_____ Date: ____/____/____