

GRANT SUGGESTION FORM

Date Fund Name Fund ID

Organization Name Amount of Grant \$

Organization Address I have suggested a grant to this organization in the past.

City: State: Zip Code: Organization Phone (if available)

Grant Purpose (This information will appear on the check.)

Remain Anonymous
(Fund name will not appear on the check.)

Special Instructions for Internal Processing (This information will not appear on check.)

Mailing Instructions: Mail Grant Check to ACT for Alexandria
 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