

# Grant Recommendation Form

**Fund Name:** \_\_\_\_\_ **Fund ID:** \_\_\_\_\_

I recommend a grant in the amount of: \_\_\_\_\_ be made from the Fund described above to:  
*(\$250.00 minimum)*

### Charitable Organization Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person & title: \_\_\_\_\_ Phone: \_\_\_\_\_

Org. Web Address (optional): \_\_\_\_\_ Org. Tax ID # (optional) : \_\_\_\_\_

Type of organization/activities (please send along any descriptive literature): \_\_\_\_\_  
\_\_\_\_\_

Check this box if you previously recommended a grant to this organization from this Fund:

I understand that this is a recommendation only, and not a direction. I also understand that American Endowment Foundation will perform its own review of the charitable organization I have recommended.

This recommendation **does not represent the payment of any personal pledge** or other financial obligation of mine. If any benefits or privileges are offered in connection with this grant, I have not and will not accept them.

\_\_\_\_\_  
Advisor's (or Spokesperson's) signature and date

Any statement for this organization that you would like included in the letter accompanying the grant check:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anonymous – Check box(es) if  Fund name and/or  Advisor name **should NOT** appear on grant letter & check

Preferred distribution date (check one):  As soon as possible  Future date (please specify): \_\_\_\_\_

Reoccurring: Start date \_\_\_\_\_ Frequency \_\_\_\_\_

*(Grants are usually processed within 10 working days once received unless a date is specified)*

Additional comments for AEF staff concerning the processing of this grant: \_\_\_\_\_  
\_\_\_\_\_

Upon completing this form, please forward to:

American Endowment Foundation  
P.O Box 911  
Hudson, Ohio 44236-5911  
Toll Free Phone: 888-440-4AEF  
Fax: 330-656-2063

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