



GRANT RECOMMENDATION

Name of Tompkins Charitable Gift Fund Account

TCGF Account Number

Grant Amount: \$ _____ (Minimum amount \$200, in \$50 increments)

Charitable Recipient:

(Organization's Official Name)

Federal Tax ID Number

Mailing Address

(_____)_____
Telephone

City State Zip

Purpose of Gift

Timing of Grant:

- _____ Issue grant, if approved, as soon as possible.
- _____ Issue grant, if approved, on a future date of: _____.
- _____ Issue grant, if approved, on a recurring basis
(**circle one:** monthly, quarterly, semi-annually, annually) and beginning on the following date: _____.

By signing this form, I/we request that TCGF make the grants herein and I/we acknowledge that I/we have read the Charitable Gift Fund Agreement and agree to its terms. I/we hereby certify that neither I, nor anyone related to me will receive any benefit from the recommended charitable organization.

Signature(s)

_____/_____/_____
Date

Mail or fax this completed form to: Tompkins Charitable Gift Fund
PO Box 6639
Ithaca, NY 14851-6639
Fax (607) 273-0024

Tran code _____ Description _____ Completed by _____