



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 recurring basis (**circle one**: monthly, quarterly, semi-annually, annually) and beginning on the following date: _____

Donor Recognition: Person(s) to be recognized for the grant, or write "Anonymous"

Name(s)

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, fax or email this completed form to: Tompkins Charitable Gift Fund
PO Box 6639
Ithaca, NY 14851-6639
Fax (607) 273-0024
Info@TompkinsCharitableGift.org

Tran code _____ Description _____ Completed by _____