

J EH Grant Recommendation Form

** Indicates Required Field*

***Fund Name:**

Fund ID:

I recommend a grant in the amount of:

** (\$250.00 minimum)*

be made from the Fund described above to:

Charitable Organization Information

*Name:

Address:

Contact person & title:

Phone:

Org Web Address:

Org Tax ID # :

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 Hudson Community 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.

*Donor's (or Spokesperson's) signature and date (if emailing, you must type your signature and you will receive a confirmation email to verify signature)

Email address for confirmation if different from one sending from:

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 Donor 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 HCF staff concerning the processing of this grant:

Upon completing this form, please fax or mail to :

Hudson Community Foundation
P.O Box 944, Hudson, Ohio 44236
Toll Free Phone: 330-655-3580 Fax: 330-650-3588
Email: support@myHCF.org