

DONOR SUGGESTION FORM

ACT • CFNCR • MCCF • PGCF

Donor Suggestion Form I/We suggest that the Board of Trustees review and approve at its next meeting, the charitable organization listed below from the _____ Fund of

- Alexandria Community Trust (ACT)
- The Community Foundation for the National Capital Region (CFNCR)
- The Montgomery County Community Foundation (MCCF)
- The Prince George's Community Foundation (PGCF)

Grants to organizations previously supported by ACT, CFNCR, MCCF, and PGCF are processed within 5-7 business days. Grants to organizations not previously supported by ACT, CFNCR, MCCF, and PGCF are processed within 7-14 business days. For further information regarding grant processing, please contact the Grants Manager.

This grant will be recognized as general support, except as otherwise indicated.

Nonprofit Organization All distributions must meet the regulations of the Internal Revenue Code and are compatible with the policies and purposes of The Community Foundation. To process this grant recommendation, this information MUST be completed and accurate to the best of your knowledge, including the mailing address (preferably a street address) and telephone number.

Org's Legal Name _____

Have you recommended a grant to this organization before? Yes No

Org's Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Contact Person/Title _____ Amount of Grant _____

Purpose or special instructions _____

There are benefits associated with this grant: Yes No

I accept the benefits and will send a \$_____ check made payable to the grantee for the non-deductible portion of my contribution to the Grants Manager at The Community Foundation. The Community Foundation pays the tax-deductible portion of this contribution \$_____.

I do not accept benefits and wish the full amount of the grant to be a contribution to the grantee organization.

Donor Suggestion Limitations I/We acknowledge that the above is a suggestion only and, if approved, will not result in the payment of any pledge or other financial obligation, nor does the undersigned expect any personal benefit from this charitable distribution.

Signature

Date

Please send this completed form to the Foundation where your fund is housed:

- ACT** 311 Cameron Street • Alexandria, VA 22314 • 703-739-7778 (P) • 703-739-7787 (F)
- CFNCR** 1201 15th Street NW • Suite 420 • Washington, DC 20005 • 202-955-5890 (P) • 202-955-8084 (F)
- MCCF** 8720 Georgia Avenue • Suite 202 • Silver Spring, MD 20910 • 301-588-2544 (P) • 301-588-0263 (F)
- PGCF** 8181 Professional Lane • Suite 170 • Landover, MD 20785 • 301.464.6706 (P) • 301.464.6709 (F)

Please note: If you use your own letterhead or wish to list multiple grants on one document, the following information must be included in your written grant suggestion: name of Donor Advised Fund, the suggested organization's legal name, complete mailing address, contact person and telephone number. The completed document must be signed by the donor advisor and include the statement listed in the Donor Suggestion Limitations section of this form.