

# J E H Grant Recommendation Form

*\* Indicates Required Field*

**\*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:

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, email or mail to :

Hudson Community Foundation  
49 East Main Street, Hudson, Ohio 44236  
Phone: 330-655-3580 Fax: 330-650-3588  
Email: amyjordan@myhcf.org