

**THE COMMUNITY FOUNDATION
OF SOUTHEASTERN CONNECTICUT**

147 State Street - New London, CT 06320
Tel: 860-442-3572 Fax: 860-442-0584

ADVISED GRANT RECOMMENDATION FORM

Date: _____

To: Jessica MacMahon, Donor Relations Officer
Community Foundation of Southeastern Connecticut
147 State Street.
New London, CT 06320
jessica@cfsect.org

This is a recommendation for a \$ _____ grant

from the _____ Fund to:

Name of Organization: _____

If out of region please provide details below:

Contact Name and Title: _____

Street Address: _____

City, State, ZIP: _____

Telephone: _____

E-mail Address: _____

This grant is for the following purpose (if other than general support):

If the grant is approved by the Board of Trustees, the grantee should be notified that the grant is made from the above named Fund at the recommendation of _____, or:

____ I prefer this grant to be made without mention of my **fund**.

____ I prefer this grant to be made without mention of my **name**.

____ Mention neither my name nor my fund's name.

My signature affirms that this grant recommendation does not represent payment of any pledge or other financial obligation and that no tangible benefit, goods or services will be received as a result of payment. **NOTE:** E-mailing a completed form is equivalent to signing it.

Advisor's Signature

Date

____ Please e-mail me a copy of the award letter to the following address:

____ Please mail me a copy of the award letter.