

CNCF Grant Recommendation Form

Please complete all areas of this form to recommend grants from a CNCF Giving Fund. For complete policies and fund information, read CNCF's Donor Advised Funds Policies and Guidelines at www.cncf.ca.

GIVING FUND ACCOUNT INFORMATION

FUND NAME: _____

GRANT RECOMMENDATIONS

Name and Complete Address of Eligible Charity	CRA Registration Number of Charity (required)	\$ Amount or Percentage of Grant*	This Grant is Anonymous Check for Yes
1. Contact Person: Email Address:	RR0001		Y
2. Contact Person: Email Address:	RR0001		Y

* The minimum grant cheque that will be issued to an eligible charity is \$250.

Special Instructions: Please indicate if you wish your grant to be applied to a particular program or usage within one of the charities, or to make a grant recommendation in honour or memory of a particular individual.

1. _____

2. _____

ACKNOWLEDGEMENT AND CERTIFICATION

I/We acknowledge the above recommendations are subject to the approval of the CNCF Board of Directors. This grant does not constitute payment of any personal pledge or other financial obligation of mine/ours. I/We hereby certify that my/our family(ies) will not receive any benefit or advantage, as described in the CNCF's Donor Advised Funds Policies and Guidelines, as a result of the making of the recommended grants.

Fund Advisor/Donor Signature

Fund Advisor/Donor Signature

Fund Advisor/Donor Name

Fund Advisor/Donor Name

Date

Date