



American Endowment Foundation

5700 Darrow Road, Ste. 118

Hudson, OH 44236

Or fax to:

330.656.2063

**Grant Recommendation Form**

Fund Name: \_\_\_\_\_ Fund ID: \_\_\_\_\_

Name of person submitting the grant: \_\_\_\_\_

I recommend a grant in the amount of \$ \_\_\_\_\_ be made from the above fund to:  
((\$250 minimum))

Charitable Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Web address (optional): \_\_\_\_\_ Org. Tax ID # (if known): \_\_\_\_\_

Any statement you would like included in the letter accompanying the grant check:  
\_\_\_\_\_  
\_\_\_\_\_

Anonymity Request:

Remove fund name     Remove Donor's name & address

Grants are processed within 7 business days, once received, unless noted:

Recurring Grant: Start Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Frequency \_\_\_\_\_

Additional comments for AEF staff concerning the processing of this grant:  
\_\_\_\_\_  
\_\_\_\_\_

I understand this is a recommendation only, and not a direction. I also understand American Endowment 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 Advisor's (or Spokesperson's) signature and date