

Grant Request Suggestion Form

For donors with MORE THAN ONE FUND, indicate from which fund this suggestion is made:

Donor Advised:

_____ Type A _____ Type B
_____ Type C



Community Foundation
for Greater Buffalo

I/we suggest distributions from the _____ fund at the Community Foundation for Greater Buffalo, Inc. to the organizations listed below. I acknowledge that **they do not represent the payment of any legally binding pledge or other legally binding financial obligation**, nor do I expect any personal benefit from this charitable distribution for myself or any related party. I understand that this is a recommendation only and not a direction.

1. Organization Name: _____ Amount: _____
Address: _____
Contact Name and Title: _____
Phone: _____
Special Purpose of Distribution (if any): _____ Anonymous grant

2. Organization Name: _____ Amount: _____
Address: _____
Contact Name and Title: _____
Phone: _____
Special Purpose of Distribution (if any): _____ Anonymous grant

3. Organization Name: _____ Amount: _____
Address: _____
Contact Name and Title: _____
Phone: _____
Special Purpose of Distribution (if any): _____ Anonymous grant

4. Organization Name: _____ Amount: _____
Address: _____
Contact Name and Title: _____
Phone: _____
Special Purpose of Distribution (if any): _____ Anonymous grant

5. Organization Name: _____ Amount: _____
Address: _____
Contact Name and Title: _____
Phone: _____
Special Purpose of Distribution (if any): _____ Anonymous grant

Total grants (pg. 1): _____

Signature(s)

Date

CFGB makes grants to nonprofit organizations under § 501(c)(3) Internal Revenue Code. As part of our due diligence, we will confirm the status of each organization to whom you wish to grant.

*Return by fax (716) 852-2861, email: grants@cfgb.org or mail:
Larkin at Exchange, 726 Exchange St., Ste. 525, Buffalo, NY 14210*

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6. Organization Name: _____ Amount: _____
Address: _____
Contact Name and Title: _____
Phone: _____
Special Purpose of Distribution (if any): _____ Anonymous grant

7. Organization Name: _____ Amount: _____
Address: _____
Contact Name and Title: _____
Phone: _____
Special Purpose of Distribution (if any): _____ Anonymous grant

8. Organization Name: _____ Amount: _____
Address: _____
Contact Name and Title: _____
Phone: _____
Special Purpose of Distribution (if any): _____ Anonymous grant

9. Organization Name: _____ Amount: _____
Address: _____
Contact Name and Title: _____
Phone: _____
Special Purpose of Distribution (if any): _____ Anonymous grant

10. Organization Name: _____ Amount: _____
Address: _____
Contact Name and Title: _____
Phone: _____
Special Purpose of Distribution (if any): _____ Anonymous grant

11. Organization Name: _____ Amount: _____
Address: _____
Contact Name and Title: _____
Phone: _____
Special Purpose of Distribution (if any): _____ Anonymous grant

12. Organization Name: _____ Amount: _____
Address: _____
Contact Name and Title: _____
Phone: _____
Special Purpose of Distribution (if any): _____ Anonymous grant

Total grants (pg.2) : _____
Total all grants: _____