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|-------------------------------------|--------------------------------|
| <i>FOR INTERNAL USE ONLY</i> | |
| DEO | |
| Profile ID# _____ | Grant # _____ |
| FUND _____ | Staff Recommended _____ |
| IF From _____ | To _____ |

RECOMMENDATION FOR CHARITABLE DISTRIBUTIONS

Fund Name: _____

I recommend that Triangle Community Foundation review and approve the following distribution(s) from the above fund. I understand that the final judgment rests in the hands of Triangle Community Foundation, whose charge it is to ensure that all distributions meet the regulations of the Internal Revenue Code and are compatible with the policies and purposes of Triangle Community Foundation. I certify that these recommendations do not represent the payment of any legally enforceable pledge or obligation, and that I will not receive any goods, services, or non-tax deductible membership benefits.

Signature: _____ Date: _____

Name and Address of Recipient Organization

Suggested Amount of Grant

Organization: _____ \$ _____
 Address: _____
 City State ZIP: _____
 Contact (name and title): _____
 Phone: _____
 Website or e-mail: _____
 Special Instructions: _____

Name and Address of Recipient Organization

Suggested Amount of Grant

Organization: _____ \$ _____
 Address: _____
 City State ZIP: _____
 Contact (name and title): _____
 Phone: _____
 Website or e-mail: _____
 Special Instructions: _____

Fax Form to: (919) 941-9208

Phone: (919) 474-8370

Donor Services line: (919) 474-8363

Mail Form to: Triangle Community Foundation
 P.O. Box 12729
 Durham, NC 27709

Visit our website:
www.trianglecf.org

Email Form to: donorservices@trianglecf.org

Submit Grant Recommendations Online:
 Please contact us to obtain your login information.