



GUIDESTREAM
CHARITABLE
GIFT FUND

GRANT RECOMMENDATION FORM

Account Information

Donor name(s) _____

Account name _____

Daytime phone number _____

Grant Request to Designated Charity

(Attach additional names of designated charities if needed)

Name _____ aaaaaaaaaaaaaaaaaaaaaaaaaa _____ aaaaaaaaaaaaaaaaaa _____

Address _____ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa _____

City _____ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa _____

State _____ aa _____ Zip _____ Phone number _____ aaaaaaaaaaaaaa _____ a _____

I/We recommend that GSCGF make the following distribution:

_____ Outright Gift of \$ _____

_____ Period Gift of \$ _____ every _____ aaaaaaa _____

Do you wish the gift to be made in your account name?

Yes

No, please make the gift anonymously

Comments: _____ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa _____
_____ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa _____ aa _____
_____ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa _____ aa _____

Periodic gifts may be cancelled by written notice to GSCGF. The notice should be signed and dated by the donor(s).

Signature: I acknowledge that I have read the Program Description and agree to its terms and/or conditions regarding recommendations of Grants from my GuideStream Charitable Gift Fund Account. By signing below, I certify that, to my knowledge, no one will receive any form of impermissible benefit (i.e. goods or services) from the recommended charitable organization in exchange for, or as a result of, this grant and that no one is using this grant to fulfill all or a portion of a pledge. In addition, if any benefits or privileges are offered in connection with such distribution, I will not accept them. I recommend the grant as described above.

Donor Signature _____ Date _____

Donor Signature _____ Date _____

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