



Grant Suggestion Form

We suggest the following distribution from the _____ **Fund:**

DATE: _____

Organization: _____

Purpose: _____

ATTN: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Amount: \$** _____

Special instructions to CFGC staff:

Please select one of the following:

_____ We will personally present the check. Please mail the check to us at our home.

_____ Forward the check to the organization listed above with our compliments.

_____ We prefer to remain anonymous for this distribution.

We certify that the above suggestion does not represent the payment of any irrevocable or legally binding pledge or other financial obligation, nor do we or any of our family expect any personal or financial benefit from this charitable distribution. We also acknowledge that this distribution must receive approval of the CFGC board of directors.

(signature)

(signature)

Fax to CFGC at 815-941-9110

-----Staff Use Only-----

Check # _____ Date of check _____