

Grant Recommendation

Use this form to recommend a charity to receive a grant. Or, visit www.calvertgiving.org to make your Grant Recommendation online and to find more information on grant making opportunities.

1. ACCOUNT INFORMATION

Giving Fund Name

Giving Fund Number

2. RECOMMEND A CHARITY

Please choose one of the following:

- 1) **NOMINATE A SPECIFIC TAX-EXEMPT CHARITABLE ORGANIZATION**
Please review the Program Circular for complete grant-making guidelines.

Name of Charitable Organization

Federal Tax ID Number (if known)

Mailing Address

Contact Name (if applicable)

City State Zip

Telephone Number

Have you recommended a grant to this organization via the Giving Fund before? Yes No

- 2) **DONATE A GRANT TO A CALVERT GIVING FOLIO:** _____
Name of Giving Folio

- 3) **DONATE A GRANT TO THE COMMUNITY GIFTSHARE FUND** supporting permanent investment in jobs, homes and lives through community development.

3. ACKNOWLEDGEMENTS INSTRUCTIONS

- 1) Please recognize the individual(s) named on the account.
2) Please issue this grant anonymously.
3) Please recognize the following individual(s): _____
Name

Mailing Address

City

State

Zip

4. PROPOSE A GRANT AMOUNT

Grant Amount: \$ _____ (minimum of \$250)

Pool Selection: Grants will be drawn from the investment Pools in proportion to the account's current investment allocation. If you would prefer to suggest specific investment pool(s) to draw funds from, please indicate the pool(s) and amount(s) here: (List additional as necessary)

Pool Name

Amount

Pool Name

Amount

Questions? Call 800.248.0337

Or visit www.calvertgiving.org

5. TIMING OF GRANT

Unless specifically requested, your Grant Recommendation will be made **as soon as possible**.

- 1) **Please issue this Grant Recommendation as soon as possible.**
- 2) **Please issue this Grant Recommendation on a specific future date:** _____
Date (mm/dd/yyyy)
- 3) **Please issue this Grant Recommendation on a recurring basis:** _____
Time Interval (e.g., monthly, quarterly)
Starting: _____ and Ending: _____
Date (mm/dd/yyyy) Date (mm/dd/yyyy)

6. SIGNATURE

I acknowledge that I have read the Program Circular. I hereby certify that neither I nor any other individual associated with me will receive any goods, services, or benefit from the recommended charitable organization from this grant if distributed, and that the grant does not fulfill a pre-existing pledge to the recommended organization.

Signature Name (Please Print) Date

Mail or fax your completed form to:
Calvert Social Investment Foundation
7315 Wisconsin Avenue, Suite 1100W
Bethesda, MD 20814

Fax 301.280.1399 (if faxing, please **do not** mail the original)

Calvert Social Investment Foundation PO Box 30084 Bethesda, MD 20824-9948	Telephone: 800.248.0337 Website: www.calvertgiving.org Email: foundation@calvertfoundation.org Fax: 301.280.1399
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