

# Calvert Foundation GIVING FUND

## Grant Recommendation

Use this form to recommend a charity to receive a grant. Or, visit [www.calvertgiving.org](http://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)  **RECOMMEND A GRANT TO CALVERT FOUNDATION** 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](http://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  
Attn: Delna Sepoy  
7315 Wisconsin Avenue, Suite 1100W  
Bethesda, MD 20814

Fax 301.280.1399 Attn: Delna Sepoy  
(if faxing, please **do not** mail the original)

Calvert Foundation  
7315 Wisconsin Ave, Suite 1100W  
Bethesda, MD 20814



Telephone: 800.248.0337  
Website: [www.calvertgiving.org](http://www.calvertgiving.org)  
Email: [foundation@calvertfoundation.org](mailto:foundation@calvertfoundation.org)  
Fax: 301.280.1399