



community foundationSM

Muskegon County

For **good.** For **ever.**SM

Grant Suggestion Form

Date: _____

I (We) recommend grant distribution(s) from the

_____ (Fund Name)

to the following organization(s). If an organization is outside of Muskegon County, please provide address:

Organization	Amount
Address	City, State, Zip
Project Purpose (unless general operating)	

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Address	City, State, Zip
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I/we acknowledge that the above suggestion(s) do not represent the payment of any pledge or other financial obligation that has not had prior approval of the Foundation Board. Nor does the undersigned expect any personal benefit from this charitable distribution.

Signature Phone Number E-mail address

If you have any questions please call Janelle Mair, Program Officer at (231) 332-4116.

You may download this form from the Foundation Website (cffmc.org) and submit your request electronically following the provided instructions. You may also fax your form to the Foundation at (231) 722-4616 or mail your completed hard copy to:

**Community Foundation for Muskegon County
425 W. Western Ave., Suite 200
Muskegon, MI 49440-1101**