



Grant Recommendation Form

Foundation Account Name		Date		
RECOMMENDE	D GRANTS: SELECTION OF C	HARITIES		
Canada Gives. These g		with full disclosure,	eter indicating the gifts were made from a as you wish. Kindly indicate how you would ass will be provided to the charity.	
Gift Amount or % of Annual Grants	Name of Canadian Registered Charity or Q	ualified Donee	Specific Program or Location (optional)	Donor Recognition
				☐ Yes ☐ No
				Yes 🗆 No
				Yes 🗆 No
				Yes 🗆 No
				Yes 🗆 No
				Yes 🗆 No
Additional Information				
CICNATURE CEC	CTION .			
these recommendation from this account. I und	selected charities or qualified donees are a as are subject to due diligence and final app derstand that I can change /add recomme	proval by the Board of Indations for grant re	Revenue Agency to the best of my knowle f Directors of Canada Gives and that Cana cipients on this donor advised Foundation grant the minimum annual disbursement re	ada Gives will disburse the grants account at any time in writing to
Account Holder Au	uthorization Date (mn	n/dd/yyyy)	Joint Account Holder Signature	Date (mm/dd/yyyy)