



Presbyterian Church in America  
FOUNDATION

**GRANT DISTRIBUTION RECOMMENDATION FORM**

Required information is in **BOLD**; please ensure these items are completed before submitting this form. If a new proposed recipient please provide address and telephone number.

**NAME OF FUND:** \_\_\_\_\_ Fund Account Number \_\_\_\_\_

**RECOMMENDED BY:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(PLEASE PRINT) NAME OF DONOR OR DONOR ADVISOR PHONE EMAIL ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
YOUR CURRENT MAILING ADDRESS

**1. Christian Ministry:** \_\_\_\_\_ To the attention of (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Total Amount:** \$ \_\_\_\_\_ **Anonymous?** Yes  No

Designated for the support of (if applicable): \_\_\_\_\_

**2. Christian Ministry:** \_\_\_\_\_ To the attention of (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Total Amount:** \$ \_\_\_\_\_ **Anonymous?** Yes  No

Designated for the support of (if applicable): \_\_\_\_\_

**3. Christian Ministry:** \_\_\_\_\_ To the attention of (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Total Amount:** \$ \_\_\_\_\_ **Anonymous?** Yes  No

Designated for the support of (if applicable): \_\_\_\_\_

**4. Christian Ministry:** \_\_\_\_\_ To the attention of (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Total Amount:** \$ \_\_\_\_\_ **Anonymous?** Yes  No

Designated for the support of (if applicable): \_\_\_\_\_

If you are making more than four recommendations please use additional forms.

★The grant(s) recommended in this notice is/are intended to benefit the recipient organization(s), not a donor, a donor advisor, or any related person, in accordance with the existing policies of the PCA Foundation.

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**DONOR OR DONOR ADVISOR SIGNATURE** **DATE**

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