

To maximize the impact of the _____ Fund on recipient charities, including reducing processing costs for all concerned, The Calgary Foundation strongly recommends minimum grants of \$250.

Please Return To:

Donor Grants Administrator
The Calgary Foundation
700 – 999 8 Street S.W. Calgary, Alberta T2R 1J5
Fax: 403.802.7701

Fund Name: _____

Available to Grant: \$ _____

Name of Registered Canadian Charity	Specific Program	Amount of Support
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Please use any unspent balance toward projects approved through the:
Community Grants Program Neighbour Grants Program

Charitable Sector of Interest:

Arts and Heritage	Community Development	Education and Lifelong Learning
Environment	Health and Wellness	Human Services
Recreation	Other: _____	Other: _____

Although the Donor understands that under law The Calgary Foundation Board has and must retain final authority regarding all disbursements of grants, the Donor requests that in determining the distribution of grants from the Fund, The Calgary Foundation Board seeks the advice of the Donor.

Fund Contact Signature

Date

Foundation Use Only

Reviewed

Date

Approved

Date