



Grant Recommendation Form

Date: _____

I suggest distribution(s) from the _____ Fund
to the following organization(s) in the amount(s) listed below:

Organization	Grant Description	Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

I acknowledge that payment of the grant(s) suggested above will not satisfy any pledge or other financial obligation and will not result in benefit (such as membership, tickets, dinners, merchandise, services, etc.) to any private person.

Signature: _____

Printed Name: _____

Email: _____ Phone: _____

We process two grant rounds each month. Please submit your grant requests no later than the 15th day of the month to be processed for that same month. Grant requests must be at least \$250 and funds must maintain a \$10,000 minimum balance.

Please mail or email this form to the Wichita Foundation and retain a copy for your files.

Mail

Wichita Foundation
303 S. Broadway, Suite 100
Wichita, KS 67202

Email

Meghan Doyle
Director of Philanthropy
meghan@wichitafoundation.org