



# Grant Recommendation Form

Date: \_\_\_\_\_

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

Organization	Special Instructions	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: \_\_\_\_\_

**Please submit grant suggestions to WF by the 9th day of the month for disbursement on the 15th. Suggestions received after the 9th of the month will be paid on the 15th day of the following month.**

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

**Mail**

The Wichita Foundation  
301 N. Main, Suite 100  
Wichita, KS 67202

**Email**

Meghan Doyle  
Director of Philanthropy  
meghan@wichitafoundation.org