



# FRANKLIN CHARITABLE GIVING PROGRAM GRANT RECOMMENDATION FORM

Since 2005, Franklin Charitable Giving Program has been serviced by Renaissance Charitable Foundation, an industry leader in philanthropic services. Please contact Renaissance Charitable Foundation at (800) 843-7997 if you require assistance completing this form.

Complete this form to recommend a grant to a charitable organization. To save time, a grant recommendation can also be made online through your Franklin Charitable Giving Program account access at [ft.donorfirstx.com](http://ft.donorfirstx.com).

If completing by hand, please print clearly in CAPITAL LETTERS using blue or black ink.

## 1 ACCOUNT AND DONOR INFORMATION

Name of Account	Account number
<input type="text"/>	<input type="text"/>

### DONOR OR GRANT ADVISOR

First name	M.I.	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number	
<input type="text"/>	<input type="text"/> ( <input type="text"/> ) <input type="text"/>	

## 2 GRANT RECOMMENDATION AND ACKNOWLEDGEMENT

I/We recommend a grant in the amount of \$  (minimum \$50) be made from the above-named account to the following charitable organization:

### CHARITABLE ORGANIZATION

Official name			
<input type="text"/>			
Address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact person at organization	Contact phone number	Tax ID number (if known)	
<input type="text"/>	<input type="text"/> ( <input type="text"/> ) <input type="text"/>	<input type="text"/>	
Organization's website (optional)	Email (optional)		
<input type="text"/>	<input type="text"/>		

### GRANT PURPOSE

Does this grant have a special purpose?

The grant purpose is unrestricted

There is a special grant purpose:

### GRANT RECURRENCE Yes No

If yes, indicate recurrence interval:  Monthly  Quarterly  Semiannually  Annually

Start date (mm/dd/yyyy)	End date <sup>1</sup> (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

### GRANT ACKNOWLEDGEMENT

A letter accompanying your grant will be sent to your selected charity. Please indicate your preference for recognition or anonymity.

Anonymous

Recognize account name only

Recognize account name and donor(s) and/or account advisor(s):

Other recognition (In Honor of, In Memory of):

### SPECIAL INSTRUCTIONS

Not to appear on the letter (e.g., mail check to donor, organization website/email address, etc.)

1. If no End Date is provided, the grant recurrence will continue until new instructions are received.

**3 REQUIRED SIGNATURE**

**BY SIGNING BELOW, I/WE ACKNOWLEDGE THAT THIS GRANT IS NOT INTENDED TO:**

- Fulfill a binding pledge. (A binding pledge is a pledge in which payment of funds can be enforced.)
- Acquire a benefit, goods or services for any specific individual or myself.
- Pay for dues, membership fees, tuition, goods from charitable auction, or other goods or services.
- Support a political campaign or lobbying activity.
- Support a private non-operating foundation.

I understand that this is a recommendation and not a direction. I understand that Renaissance Charitable Foundation Inc., reviews all grants to ensure that the organization is a legitimate charity under IRS regulations, and that the purpose of my grant is charitable in nature. Renaissance Charitable Foundation Inc., may deny my grant recommendation if the grant does not meet criteria for approval.

**DONOR OR GRANT ADVISOR SIGNATURE**

X \_\_\_\_\_

Date

\_\_\_\_\_

**Please return this completed, signed form to your financial professional.**

You may also submit the form to Renaissance Charitable Foundation Inc., by:

- Completing it online at [ft.donorfirstx.com](http://ft.donorfirstx.com)
- Email to [fcgf@reninc.com](mailto:fcgf@reninc.com)
- Fax to (877) 222-1829

**Do not return this form to Franklin Templeton.**

**FOR FINANCIAL PROFESSIONAL USE ONLY**

If required by your broker-dealer, a branch manager must provide a signature before this request can be processed.

Branch manager signature

X \_\_\_\_\_

Date

\_\_\_\_\_