15 Princess Road
Lawrenceville, NJ 08648
Tel: 609-219-1800
Fax: 609-219-1850
info@pacf.org
www.pacf.org

The _____ Fund

Grant Request Form

I/we recommend the following distribution(s).

Recipient Organization	Amount Suggested:		For Internal Use: Fund ID Code:
1.		In Support of:	ID#: 501(c)3: IRS Form 990: Audit: App.#
2.		In Support of:	ID#: 501(c)3: IRS Form 990: Audit: App.#
3.		In Support of:	ID#: 501(c)3: IRS Form 990: Audit: App.#
4.	$	In Support of:	ID#: 501(c)3: IRS Form 990: Audit: App.#

5. Princeton Area Community Foundation

General Fund	$	The Community Foundation's mission
Fund for Mercer County	$	Local community grantmaking
The Fund for Women and Girls	$	Girls and the women who raise them
Other Fund:	$	

I/we affirm that this grant recommendation does not represent the payment of any pledge or other financial obligation and that I/we are not receiving any tangible benefits, goods or services of value. This recommendation falls within the terms of the above-named fund. I/we understand that this is a recommendation only, not a direction to the Community Foundation.

Advisor Name (please print) _____ Signature _____ Date _____