



TCF/DCCF Grant Recommendation Form

Name of Fund

Date

I/we acknowledge that these recommendations do not represent a payment of any pledge or other financial obligation, nor do I/we expect any personal benefits from this charitable distribution. The final judgment about this recommendation rests with the Board of Directors at TCF/DCCF, whose charge it is to see that all distributions from funds are consistent with the Foundation's purpose, have met the due diligence requirements, and comply with IRS regulations.

Signature/Title

Signature/Title

Print Name

Print Name

Name of Nonprofit Organization	Amount of Proposed Grant (minimum of \$250)
Address	City/State/Zip
Contact Name/Title	Phone
Contact Email Address (if available): _____	
Instruction for restriction on use of grant funds	EIN#
_____ I confirm that the above grant recommendation is not a pledge previously made to the non-profit named above.	
Name of person confirming: _____	
If you would like this grant to remain anonymous, if yes, please indicate here: _____	

Please complete the form and email to info@TCFhelps.org, or mail to 900 W. Sproul Road, Suite 101, Springfield, PA 19064. If you have any questions, please call 610-461-6571.