



Recommend a grant

Use this form to recommend a grant to charity from your philanthropic account. For quicker processing times, enter this grant online. Generally, grants are reviewed and approved within two to ten business days. During this time, grant funds remain invested and are subject to market volatility.

For more information, please visit www.vanguardcharitable.org/company-policies/policies-and-guidelines.

Contact us
with questions

donorservice@vanguardcharitable.org

1 Account information

Account number	Account name	
A	The	Fund
Enter your legal name. Name <i>first, middle initial, last</i>		

2 Grant schedule

Select when the grant should be issued. If an option is not selected, the grant will be issued as soon as possible.

As soon as possible Most grants are approved in less than a week. In section 4, choose option 1 for your allocation selection.
On a future date Date:
On a recurring basis <i>If left blank, number of payments will default to 20. Each payment is subject to verification.</i> Recurring grants are allocated by weighted percentage. Start date: Number of payments: Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Twice a year <input type="checkbox"/> Annually

3 Charity information

If a recommendation to a charity is submitted without a dollar amount, we reserve the right to process the grant at \$500.

Charity legal name (Grants are made payable to a charity's legal name, which may differ from its common name.)		EIN <i>if available</i>
Have you previously recommended a grant from Vanguard Charitable to this charity?		
Yes	No	
Street address or P.O. box number		
City		State
Web address		

Charity contact Enter the name of an individual at the charity who can answer questions about the grant.

Name <i>first and last, if available</i>	
Title	Preferred phone
Email address	

4 Amount and allocation

If this is a recurring grant, enter the amount for **one** grant payment.

Grant amount <i>\$500 minimum</i>
\$

Select how the grant will be distributed from the account. If no option is selected, or if the intended allocation preference can't be supported, the account allocation will remain the same.

<p>Option 1: Keep the account allocation the same.</p> <p>Take weighted allocation from all available investment options.</p> <p>If you selected a recurring grant schedule above, you must select this allocation option.</p>
<p>Option 2: Draw from specific investment options.</p> <p>Recommend a grant allocation by dollar amount or percentage. If selected, enter investment options in the table below.</p>
<p>Option 3: Distribute the account balance.</p> <p>Grant the account's entire balance and close the account.</p>

Complete this section only if you selected **Option 2**. Provide one unit (percentage, dollar or all shares) for each investment option.

Investment option	Percentage	OR	Dollar amount
	%	\$	
	%	\$	
	%	\$	

5 Grant purpose

If a grant purpose is not selected, the grant will be made in support of **Area of most need (unrestricted)**.

For information on granting for a specific purpose, please visit

www.vanguardcharitable.org/company-policies/policies-and-guidelines.

Area of most need (unrestricted)	Fundraising Event (not attending)
Annual Giving	Pledge (non-binding)
Capital Campaign	Program Support
Disaster Relief	Religious Giving

Missionary Support

Grants for a specific mission, missionary project, or named missionary who is related to an authorized user on this account are not permissible.

Optional: You may enter a description and location of mission, or name of missionary project in the box below. If the grant will support a specific missionary, enter the person's name and location in the box below.

Scholarship Fund

Optional: Enter a scholarship description or name in the box below.

Impermissible usages include: a) naming a specific individual, b) an authorized user on this account has a role in selecting the scholarship recipient, or c) an authorized user on this account or anyone related to an authorized user may benefit from this grant.

Custom Purpose

Enter a description of the project in the box below.

6 Grant recognition: Attribution

This is how you will be identified by the recipient organization.

Select **one** way you wish for this grant to be recognized and what identifying information will be shared with the charity. This information will be included in the details that accompany each grant payment.

Account advisor information

Names, mailing address, and account name

Account advisor information and a third party (individual or organization)

By checking this box, account advisor name(s) and mailing address will not be included. Please only write the third party name below. The name of the account will still be included.

Name of third party: _____

Third party recognition

Custom recognition: _____

Account name only

No contact information

Anonymous

No identifying or contact information

Additional attribution

In memory of

In honor of

Permission to publish

Check this box to instruct the charity not to publish any information about this grant, including your name, address, and account information. If you do not select this box, the charity may publish grant information at its discretion.

Please notify

If applicable, fill in the first and last name of an individual who a) you wish to be notified about this grant and b) is employed by or associated with the charity. The charity is responsible for notifying any and all individuals listed here.

7 Required signature

By submitting this grant you certify that:

- There is no agreement between you and the grantee that will change the stated grant purpose, allow you control of the grant funds, or pay a legal obligation or pledge owed to the grantee.
- This grant will not be used to pay for a disqualified person's expenses or provide any goods or services to a disqualified person including tickets, auctioned items, sporting events, scholarships, missionary work, goods or services. A "disqualified person" is you, other account advisors, authorized parties on the account, their family members, and certain entities they own or control
- No disqualified person(s) controls the grantee organization and, if the grantee is a supporting organization, no disqualified person(s) control the supported organization.
- This grant will not be used for lobbying, which is advocacy for or against a specific piece of legislation.
- This grant will not be claimed as an additional charitable deduction.
- You have no reason to believe the grant funds will be used in violation of any Office of Foreign Asset Control rules, and will notify Vanguard Charitable if you become aware that they may be used in violation of OFAC rules.
- I have read Vanguard Charitable's *Policies & Guidelines*.

An authorized account user must sign here.

Signature

X

Date mm-dd-yyyy

Return information

Return this form and required documentation to Vanguard Charitable. Any attachments or enclosures will not be forwarded to grant recipients.

Email: donorservice@vanguardcharitable.org
We recommend encrypting the form and sharing the password with us.

Fax: 866-485-9414

Mail: Vanguard Charitable
 P.O. Box 9509
 Warwick, RI 02889-9509

*A Disqualified Person includes you and any other account advisors, other authorized parties on your account, your family members, and certain entities that you own or control.