



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, refer to our *Policies & Guidelines* booklet.

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

If left blank, number of payments will default to 20. Each payment is subject to verification.

Recurring grants are allocated by weighted percentage.

Start date:

Number of payments:

Frequency: Monthly Quarterly Twice a year 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	\$500 minimum
\$	

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.

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

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, refer to our *Policies & Guidelines* booklet.

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 signing below, I certify on behalf of all authorized parties on this account that:

There is no agreement, written or verbal, in place with the grantee organization that may:

- modify the grant purpose in any way.
- allow you and other Disqualified Persons* any legal right to direct the use of the funds.
- support a legally binding pledge, fulfill a grant, or satisfy a legal obligation that you, another Disqualified Person, or an organization that is not eligible to receive grants from Vanguard Charitable may owe to the grantee organization.
- support any expenses related to a Disqualified Person including but not limited to, tickets, auctions, sporting events, admission, scholarships, missionary support or other cash, goods, services or grants.
- require the grant funds to be used to fund a lobbying communication that reflects a view of support or opposition to specific legislation.

Further, you certify that:

- you will not claim an additional charitable deduction for this grant recommendation, even if the grantee organization erroneously sends a charitable contribution tax deduction substantiation letter to the recommending donor or account advisor.
- you do not control the grantee organization, either solely in your individual capacity or together with other Disqualified Persons.
- if the recommended grant is for a supporting organization, neither you, nor any Disqualified Person directly or indirectly control any supported organization of the grantee.
- you have no reason to believe grant funds will be used in violation of any Office of Foreign Assets Control (OFAC) Rule(s) as defined by the U.S. Department of the Treasury, and you agree to notify Vanguard Charitable if you become aware that grant funds may be used in violation of any OFAC Rule(s).
- I have read Vanguard Charitable's *Policies & Guidelines* booklet.

An authorized account user must sign here.

<p>Signature</p> 	<p>Date mm-dd-yyyy</p>
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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.