



Recommend a grant

Use this form to recommend a grant to charity from your philanthropic account. For quicker processing times, enter this grant online.

If you require extra space, include additional sheets. Please do not staple.

For more information, refer to our *Policies and guidelines* booklet.

Contact us
with questions

888-383-4483
donorservice@vanguardcharitable.org

1 Account information

Enter your legal name. ►

Account number	Account name
A	The Fund
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.

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

<input type="checkbox"/> As soon as possible Most grants are approved in less than a week.
<input type="checkbox"/> On a specific date Date:
<input type="checkbox"/> On a recurring basis 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

Grants are made payable to a charity's legal name, which may differ from its common name.

Charity legal name		EIN <i>if available</i>	
Have you previously recommended a grant from Vanguard Charitable to this charity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street address or P.O. box number			
City		State	Zip
Web address			

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

Charity contact

Name <i>first and last</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, the account allocation will remain the same.

<input type="checkbox"/> Option 1: Keep the account allocation the same. Take weighted allocation from all available investment options.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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	OR	All shares
	%		\$		<input type="checkbox"/>
	%		\$		<input type="checkbox"/>
	%		\$		<input type="checkbox"/>

5 Grant purpose

If a purpose is not selected, the grant will be made in support of general operating expenses. For information on granting for a specific purpose, refer to our *Policies and guidelines* booklet.

Select **one** purpose for the grant. ►

<input type="checkbox"/> General operating expenses
<input type="checkbox"/> Capital expenditure
<input type="checkbox"/> Underwriting cost of an event Enter the name and description of the event in the box below.
<input type="checkbox"/> Missionary support 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. Grant cannot support a specific mission, missionary project, or named missionary who is related to an authorized user on this account.
<input type="checkbox"/> Scholarship Optional: Enter a scholarship description or name in the box below. Grants cannot be made in support of a scholarship when a) a specific individual is named, 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.
<input type="checkbox"/> Annual fund
<input type="checkbox"/> Capital campaign
<input type="checkbox"/> Class gift Optional: Enter a description in the box below.
<input type="checkbox"/> Specific project Enter a description of the project in the box below.

Additional information

6 Recognition and permission to publish

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.

<input type="checkbox"/> Account advisor information Names, mailing address, and account name
<input type="checkbox"/> Account advisor information <u>and</u> a third party (individual or organization) By checking this box, names, mailing address, and account name will be included. Please only write the third party name below. Name of third party:
<input type="checkbox"/> Account name only No contact information
<input type="checkbox"/> Anonymous No identifying or contact information

Additional attribution

In memory of
In honor of

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.

--

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.

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 and guidelines* booklet.

An authorized account user must sign here. ►

Signature 	Date <i>mm-dd-yyyy</i>
---	-------------------------------

<h3 style="margin: 0;">Return information</h3> <p style="margin: 10px 0;">Return this form and required documentation to Vanguard Charitable. Any attachments or enclosures will not be forwarded to grant recipients.</p>	<p style="margin: 0;">Email: donorservice@vanguardcharitable.org <i>We recommend encrypting the form and sharing the password with us.</i></p> <p style="margin: 0;">Fax: 866-485-9414</p> <p style="margin: 0;">Mail: Vanguard Charitable P.O. Box 9509 Warwick, RI 02889-9509</p>
--	---

*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.