



Grant Recommendation Form

If you prefer to complete your grant recommendation online, visit FidelityCharitable.org. You may call us with questions at **800-952-4438**. For grant recommendation guidelines, please refer to the *Fidelity CharitableSM Policy Guidelines: Program Circular*. Fidelity CharitableSM will not forward any enclosures with grants. **Please type or print clearly in all CAPITAL LETTERS using black ink.**

1 GIVING ACCOUNT[®] INFORMATION

Giving Account Name

Giving Account Number

2 RECOMMENDED RECIPIENT CHARITY

Before making your recommendation, please review the Certifications in Section 7.

Have you previously recommended a grant to this organization from Fidelity Charitable? Yes No

Organization's Official Name (If you are unsure of the organization's official name, please check FidelityCharitable.org/guidestar.)

Federal Tax ID Number

Organization's Official Mailing Address (If you are unsure of the organization's official mailing address, please check FidelityCharitable.org/guidestar.)

Suite

City

State

ZIP Code/Postal Code

Contact Name at Organization (Please note: Fidelity Charitable may contact the recipient charity.)

Phone

Is there a recommended purpose for this gift? If yes, please describe: (e.g., annual fund, in memory of, to honor, etc.). If the purpose of your grant is to honor a loved one and you wish to notify the family of the honoree, please include the name and address of the person to be notified.

3 GRANT AMOUNT (MINIMUM OF \$50)

\$

Please also write out the recommended amount of the grant.

4 POOL RECOMMENDATION

Recommend the pool(s) from which this grant should be drawn (in whole dollars). If you do not recommend a pool(s), Fidelity Charitable will disburse funds proportionately from all pools with balances.

Disburse funds proportionately based on current allocation Disburse funds evenly among current allocation (example: 33%, 33%, 34%)

Other (write in request) _____

5 WHO SHALL BE THANKED FOR THIS GRANT RECOMMENDATION

Grants to charities are accompanied by a letter that includes the name(s) of the individual(s) recommending the grant so the charity may thank them. Please check only ONE box to indicate who shall be thanked for the grant.

The individual(s) named on the Giving Account The name of the Giving Account only ANONYMOUS

The following individual(s) in lieu of those named on the Giving Account:

Name(s)

Street Address

City

State

ZIP Code/Postal Code



6 TIMING OF GRANT

As soon as possible

Issue this grant on a scheduled/recurring basis.
(The grant amount in Section 3 will be sent for each scheduled occurrence.)

Issue this grant on specific date

OR

monthly quarterly semi-annually annually

Date (mm/dd/yyyy)

- -

Start (mm/dd/yyyy)

- -

End (mm/dd/yyyy)

- -

Your grant recommendation is nonbinding and is subject to review and approval by Fidelity Charitable. If approved, the grant will generally be made within 10 business days; however, that process may take longer if your grant recommendation is to a charity not previously reviewed and approved by Fidelity Charitable. Confirmation that the grant was approved and sent will be mailed to the Primary Account Holder once the grant has been issued.

7 CERTIFICATIONS

By signing this form, I hereby certify that:

- Neither I nor anyone else will receive any impermissible benefit (e.g., tuition, membership fees with more than incidental benefits, dues, admission to charitable or other event, goods bought at auction, etc.) from the recommended charitable organization from this grant, if distributed. Examples of permissible benefits include benefits that are not more than incidental, such as free or discounted admission, free or discounted parking, token logo-bearing key chains, caps, T-shirts, or calendars.
- This grant will not fulfill all or a portion of a pledge to the recommended charitable organization.
- This grant does not entitle me or any other person to an income tax charitable deduction, because the donor was eligible to take a deduction at the time of the contribution(s) to Fidelity Charitable. Any tax receipt that may be received from the recommended charity will be disregarded.
- If the grant I am recommending is for a supporting organization, neither I, nor any other Account Holders on my Giving Account, nor any parties related to me or to any other Account Holders on my Giving Account, directly or indirectly control any supported organization of the recommended grant recipient. Supporting organizations are 501(c)(3) public charities that typically carry out one or more functions of their supported public charity. For example: an alumni association that fundraises for a university, or a parent-teacher association that performs certain functions at a school.

I acknowledge that I have read the Grant Recommendation Guidelines in the current *Fidelity CharitableSM Policy Guidelines: Program Circular*.

Please Print Name Below

Signature

Date

Daytime Phone

- -

Internal use only

Successor

Please mail this completed form via regular mail to:

Fidelity Charitable
P.O. Box 770001
Cincinnati, OH 45277-0053

You can also mail this completed form via overnight delivery to:

Fidelity Charitable
100 Crosby Parkway
Mail Zone KC1D-FCS
Covington, KY 41015-9325

Or FAX to:

877-665-4274

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