



Catholic Foundation

for the Diocese of Green Bay, Inc.

Date: _____

Name of Donor Advisor: _____

Address: _____ City/Zip: _____ Phone: _____

Name of Fund: _____

Recipient Name: _____

Address: _____ City/Zip: _____

Contact Person: _____ Phone: _____

Recommended Dollar Amount: _____

Special Instructions: _____

This recommendation does not ask the Catholic Foundation for the Diocese of Green Bay to fulfill a personal pledge, nor do I anticipate receiving any benefit from grants made from the aforementioned fund.

(Signature)

(Date)

PLEASE SIGN, DATE AND RETURN IN ENCLOSED ENVELOPE

For Office Use Only		
Approved/ Denied Date	Anticipated Distribution	Check #