



<b>FUND NAME</b>	<b>FUND NUMBER</b>
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1	ORGANIZATION	GRANT AMOUNT \$
	ADDRESS	PURPOSE
	CONTACT NAME	CONTACT PHONE
2	ORGANIZATION	GRANT AMOUNT \$
	ADDRESS	PURPOSE
	CONTACT NAME	CONTACT PHONE
3	ORGANIZATION	GRANT AMOUNT \$
	ADDRESS	PURPOSE
	CONTACT NAME	CONTACT PHONE
4	ORGANIZATION	GRANT AMOUNT \$
	ADDRESS	PURPOSE
	CONTACT NAME	CONTACT PHONE

If you would like to make a grant recommendation to **The Legacy Fund** to support the ongoing mission of the Foundation, please indicate your intention below. For more information, call 651.389.0300.

<b>ENDOWMENT</b>	GRANT AMOUNT \$	<b>CURRENT IMPACT</b>	GRANT AMOUNT \$
Provides for perpetual funding to help meet the future, spiritual, educational, and social needs of our community.		Provides for the current, urgent, and unmet spiritual, educational, and social needs of our community.	

I understand this is only a recommendation and CCF will perform its own review of the charitable organizations I have recommended and retain decision-making authority to act in accordance with its own policies and Catholic mission. This grant is not intended to fulfill an existing pledge, acquire more than incidental benefits, goods or services for any specific individual or myself, pay for dues, membership fees, tuition, goods from a charitable auction, purchase a table or tickets to a gala or event in which a portion of that amount is not tax-deductible, or support an individual, private foundation, or a political campaign/lobbying. A notification letter and check will be sent to grant recipients following approval of your recommendations. Please contact our Grants Manager for our full grants policy.

**FUND ADVISOR**

SIGNATURE	DATE	EMAIL	PHONE

<b>MAIL</b> Catholic Community Foundation of Minnesota Court West, Suite 500 2610 University Avenue West Saint Paul, MN 55114	<b>FAX</b> 651.389.0650 Attn: Grants Manager	<b>SCAN &amp; EMAIL</b> vierlingj@ccf-mn.org	<b>CCF APPROVAL</b>  _____
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