

Fleetwood Memorial Injury/Death Grant Request Form

Fund Manager:

Susan Van Meter
svanmeter@northtexascf.org
North Texas Community Foundation
306 West Seventh Street, Suite 1045
Fort Worth, TX 76102
P: 817.877.0702
F: 817.612.6714

Name of Designated Fund: **Fleetwood Memorial Foundation Fund**

INFORMATION FOR PROPOSED GRANT

Grant Recipient Name: _____

Addressee Organization: _____

Addressee Name and Title: _____

Address: _____

Phone: _____ Email: _____

Incident Date: _____ Proposed Grant Amount: _____

Please Check box, if grant is a memorial or honorarium

Name of person being recognized: _____

Please Check box for type of grant: death injury

Name of Staff Presenting this Grant Request: _____ Date: _____

Approval Signature: _____ Date: _____

Notes: _____

Per Federal legislation enacted in 2000, known as the Electronic Signatures in Global and International Commerce Act (ESGICA), please be aware that an electronic signature (which can be just your typed name) is as legally binding as a handwritten signature. However, if used, the Foundation will require a phone call for confirmation before processing.