

# St. Croix Valley Community Foundation Grant Advisory Form

To: St. Croix Valley Community Foundation  
516 Second Street, Suite 214, PO Box 39  
Hudson, WI 54016  
715-386-9490  
715-386-1250 Fax

\_\_\_\_\_  
Date

Re: The \_\_\_\_\_ Fund

As an advisor to you, I (we) recommend the following grant from the above named Fund, or from any other appropriate Funds:

Grant Amount	Name of Organization	Special Purpose or Program
	Address	
	City, State, Zip	
	Telephone Number	

## Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Advisor's Signature(s)

FOR USE BY THE ST. CROIX VALLEY COMMUNITY FOUNDATION:

## Action Taken:

Distribution Committee: \_\_\_\_\_ Date: \_\_\_\_\_  
Board of Directors Action: \_\_\_\_\_ Date: \_\_\_\_\_  
Treasurer Action: Check # \_\_\_\_\_ Date: \_\_\_\_\_  
Charge Fund # \_\_\_\_\_ Account # \_\_\_\_\_

cc: \_\_\_Accounting  
\_\_\_Grantor file  
\_\_\_Grantee file