

# MEET YOUR MATCH 5

GRINSPOON INSTITUTE  
FOR JEWISH PHILANTHROPY  
A PROGRAM OF THE HAROLD GRINSPOON FOUNDATION



## Application

Through *Meet Your Match 5*, the Harold Grinspoon Foundation provides grants to camps at a 1:3 rate (HGF will match \$1 for every \$3 raised by the camp) for donor gifts of \$10,000 to \$75,000 for capital improvements. Gifts pledged after November 1, 2011 are eligible for matching funds, and the maximum match for a single gift is \$25,000. After the camp submits an Application with information about an eligible pledge, the **first payment of at least one-third of the pledged amount must be received within 60 days of the Application date.** (See guidelines and instructions.)

### 1. CAMP INFORMATION

Name of Camp: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Camp Director: \_\_\_\_\_ Email: \_\_\_\_\_

Camp Address (Winter): \_\_\_\_\_ (Summer): \_\_\_\_\_  
\_\_\_\_\_

Camp Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Campaign Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### 2. DONOR RECOGNITION\*

Permission granted to send a personal acknowledgment to the donor from Harold Grinspoon.

### 3. DONOR INFORMATION

Donor Name: \_\_\_\_\_

Additional Donors: \_\_\_\_\_ (if other family members are joint parties)

Name for Envelope: \_\_\_\_\_ Salutation: \_\_\_\_\_

Donor Address: \_\_\_\_\_

Donor Telephone: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

### 4. PLEDGE INFORMATION

Pledge Amount: \$ \_\_\_\_\_ Date of Pledge: \_\_\_\_\_

-Date of first payment (must be within 60 days): \_\_\_\_\_

-Pledge Payment Schedule (after first payment): \_\_\_\_\_

NOTE: Full payment must be made no later than December 31, 2014.

### 5. PLEDGE DESIGNATION

Specify the capital needs toward which this gift is directed. \_\_\_\_\_  
\_\_\_\_\_

**Please attach copy of pledge card or letter (written terms of pledge) signed by the donor.**

# MEET YOUR MATCH 5

GRINSPOON INSTITUTE  
FOR JEWISH PHILANTHROPY  
A PROGRAM OF THE HAROLD GRINSPOON FOUNDATION



## 6. PREVIOUS PLEDGE INFORMATION

Has the Donor made a previous single pledge of \$10,000 or more since December 31, 2008? \_\_\_ Yes \_\_\_ No

If **Yes**, please provide the following information: **Date of Pledge:** \_\_\_\_\_ **Total Amount Pledged:** \_\_\_\_\_

PLEASE NOTE: For a gift to be eligible for the *Meet Your Match 5* program, it must support capital improvements. Gifts must be from a **new donor** or **previous donor** as defined below.

A **new donor** is an individual, family, corporation or foundation that has not made a pledge of \$10,000 or more since December 31, 2008.

A **previous donor** is an individual, family, corporation or foundation that triples the size of a pledge of \$10,000 or more made after December 31, 2008.

## 7. SIGNATURE

Camp Director: \_\_\_\_\_ Date: \_\_\_\_\_

## 8. ADDITIONAL MATERIALS

Harold Grinspoon Foundation matching grants are given only to organizations with appropriate nonprofit tax status. **Please fax or mail the completed Application and pledge card or letter (signed by donor):**

Gretchen Laise  
Grinspoon Institute for Jewish Philanthropy  
380 Union Street, Suite 200 ■ West Springfield, MA 01089  
Phone: 413-439-1944 Fax: 413-732-2632

## 9. GRINSPOON INSTITUTE APPROVAL

**(FOR OFFICE USE ONLY):**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Signature of Institute Director: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Comments (Optional): \_\_\_\_\_

Mentor's signature below confirms pledge fulfills the terms and conditions of *Meet Your Match 5*.

Institute Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last revised 11.2.11

\* Please check the box to indicate permission for Harold Grinspoon to send a personal acknowledgment to the donor. In the donor information section (Section 3), include how the acknowledgment should be addressed and contact information.

For example:

Names for envelope address:  
Mr. and Mrs. Samuel Cohen  
Samuel and Janice Cohen

Salutation:  
Dear Mr. and Mrs. Cohen,  
Dear Sam and Janice,