



The Jackson Smith Peck
Children's Foundation

Foundation Grant Request Form

Individual / Organization Name _____ Date: _____
Address _____ City _____ State _____ Zipcode _____
Contact _____ Phone _____ Email _____

List Organization Mission: _____

Purpose of Grant Request: _____

One-Time Request Recurring Need (frequency) _____

Amount Requested: \$ _____ In-kind Donation Requested _____

Specific Timing Considerations? No Yes (describe) _____

Return completed application to:

Jackson Smith Peck Children's Foundation
Attn: Grant Request Processing
1890 Battlefield Road
Marietta, GA 30064

The Jackson Smith Peck Children's Foundation
1890 Battlefield Road / Marietta, GA 30064

Received _____