

## **Donor Advised Fund Grant Recommendation Form**

(Note: This form is only for donors with a donor advised fund held at the Community Foundation.)

Name of Fund:					Date:		
Grant Recomme	ndation 1						
	I/We wish to remain anony	ymous to the grant recipient			TAX ID # of Charity		
Charity mailing	address			Attention			
City		State	Zip	Phone			
Grant Amount (\$250 minimum)	Grant purpose  General support Capital campaign To honor the work of (name)						
Other instruction	ns						
Grant Recomme	ndation 2						
	I/We wish to remain anonymous to the grant recipient TAX ID # of Charity						
Charity mailing			Attention				
City			Zip	Phone			
Grant Amount (\$250 minimum)	Grant purpose General support Special project Capital campaign To honor the work of (name)						
Other instruction	ns						
	ed directly to the recipient organizatio	.,					
nancial obligation, i enefit (such as tic	bove recommendation(s) does not repr nor does the undersigned, any family kets, memberships, meals) from th subject to approval of the Community	member, advisor is charitable di	or any othe stribution. I	er related I/we als	d party expect any personal		
gnature		Printed Name / (Phone or Email)					
gnature		Printed Name / (Phone or Email)					