



Donor Advised Grant Recommendation Form

Fund Name:	
Award Amount:	
Recommended Grantee:	
<input type="checkbox"/> 501(c)3 <input type="checkbox"/> Other: please contact Program Officer	
Street Address: City, State, Zip:	
Contact Phone Number:	
E-Mail Address:	
Grant Purpose: (Please attach any relevant supporting documents)	
<input type="checkbox"/> I certify that I, my family, and/or a company have not received any benefits. <input type="checkbox"/> I certify that this grant recommendation does not fulfill a pledge.	
Signature of Authorized Fund Advisor:	Date:
Printed Name:	
Phone Number:	
E-Mail:	
Please choose one option: <input type="checkbox"/> Please make this grant anonymously. Neither the Fund or Fund Advisor name will be shared with the grantee. <input type="checkbox"/> Please share the name and mailing address of Fund Advisor in the grant letter.	