

Donor Advised Fund Grant Recommendation Form

So that we may serve you better, please complete this form as fully as possible.

As an advisor to the _____ Fund, _____
4-digit code (optional)

I (we) suggest the following grant(s) of \$250 or more:

Organization name: _____

Contact person name & title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Amount: \$ _____

Purpose of grant (e.g., general operations, capital campaign, specific program, endowment, etc.). Support for: _____

Organization name: _____

Contact person name & title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Amount: \$ _____

Purpose of grant (e.g., general operations, capital campaign, specific program, endowment, etc.). Support for: _____

Organization name: _____

Contact person name & title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Amount: \$ _____

Purpose of grant (e.g., general operations, capital campaign, specific program, endowment, etc.). Support for: _____

The distribution(s) suggested above are advisory only and do not represent satisfaction or discharge of any pledge or other financial obligation. In addition, the distribution(s) will not result in any personal benefit to the undersigned, such as a membership, tickets to events, etc.

Advisor's signature

Date

Advisor's signature (if applicable)

Date

Please mail this form to the Community Foundation at the address at right. Please retain a copy for your records.

Please mail to:

COMMUNITY FOUNDATION

For SOUTHEASTERN MICHIGAN

333 West Fort Street, Suite 2010
Detroit, MI 48226-3134

(313) 961-6675 or (888) 933-6369

www.cfsem.org