

Donor Advised Fund Grant Recommendation Form

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

As an adviser to the _____ Fund _____

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

Fund ID (if known)

Organization name: _____

Contact name and title: _____

Address: _____

City/State/Zip: _____

Amount: \$ _____

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

Organization name: _____

Contact name and title: _____

Address: _____

City/State/Zip: _____

Amount: \$ _____

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

Organization name: _____

Contact name and title: _____

Address: _____

City/State/Zip: _____

Amount: \$ _____

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

These recommended distributions 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., nor are they earmarked to benefit an individual.

communityfoundation
FOR SOUTHEAST MICHIGAN

333 West Fort Street, Suite 2010
Detroit, MI 48226-3134
(313) 961-6675 or (888) 933-6369
www.cfsem.org

Adviser's signature Date

Adviser's signature Date

Please mail the top copy to the Community Foundation. Retain the bottom copy for your records.