



Charitable Fund Name: _____

Grant Recommendation Form

I recommend the following distributions be made from the Donor Advised Fund/Gift Account:
(subject to the approval of the Board of Trustees of The Community Foundation of Shelby County)

Organization: _____ Amount: _____
<input type="checkbox"/> Please mail to: _____
<input type="checkbox"/> Please notify me when the check is available.
<input type="checkbox"/> Please send the check to my home.
Please notify beneficiaries that this contribution was made at the request of:
<input type="checkbox"/> Name of the Fund <input type="checkbox"/> Anonymous
Special instructions: _____

Organization: _____ Amount: _____
<input type="checkbox"/> Please mail to: _____
<input type="checkbox"/> Please notify me when the check is available.
<input type="checkbox"/> Please send the check to my home.
Please notify beneficiaries that this contribution was made at the request of:
<input type="checkbox"/> Name of the Fund <input type="checkbox"/> Anonymous
Special instructions: _____

I understand that this is a recommendation only, and not a direction. In addition, I acknowledge that the above suggestions do not represent the payment of any pledge or other financial obligation, nor does the undersigned expect any personal benefit from this charitable distribution.

Donor Signature: _____

Date: _____

For Foundation use only

☐ 1 _____

☐ 2 _____

Approved: _____