Presbyterian FOUNDATION

Donor-Advised Fund Grant Recommendation

Please complete this form to recommend a grant to a charitable organization. Recommendations will generally be acted upon within ten business days following submission of the recommendation and will be mailed directly to the charitable organization.

1. Primary Advisor and Fund Information

Primary Advisor Name | Telephone | Email Address

Fund Name | Account Number

2. Grant Recommendaton & Acknowledgement

I recommend a grant in the amount of $ _____ (minimum $100) be made from the above-named fund to the following charitable organization:

Grant Recipient Official Name | Organization's Employer Identification Number (if known)

Address | City | State | Zip

Contact Person at Organization (if known) | Contact Telephone or Email Address (if known)

This grant is intended for (special purpose, if any, such as a particular project/annual fund) _____

Grant Recurrence: ☐ Yes ☐ No If yes, indicate recurrence interval: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Start Date: _____ End Date: _____

Grant Acknowledgement

A letter accompanying your grant will be sent to your selected charity. Please select an option below.

☐ Anonymous (Advisor and Fund name excluded)

☐ Other recognition (In Honor of, In Memory of, In the Name of, In Gratitude to)

3. Required Signature

- I understand that, as stated in the Program Guide for the Donor-Advised Fund, the Foundation will consider this recommendation in making distributions from the Fund, but is not required to follow this recommendation.
- I acknowledge that the Foundation will rely on the authenticity of the signature set forth below as belonging to the Primary Advisor for the Fund named above.
- I affirm that no portion of the suggested distribution listed herein is for the purpose of fulfilling a legally enforcable obligation, personal pledge, or for the receipt of any personal benefit which has been made by a Primary Advisor or Successor Advisor.
- I understand that the Foundation reviews all grant recommendations to ensure that the organization is a recognized charity under IRS regulations.

Primary Advisor Signature _____ Date _____

4. Mailing Instructions

Please mail to: Presbyterian Foundation . 200 East Twelfth Street . Jeffersonville, IN 47130
You may also fax this form to: 502-805-0466 or scan and email to adminservices@presbyterianfoundation.org.