



Donor Advised Fund Grant Recommendation Form

FUND INFORMATION

Donor Name: _____ Phone Number: _____

Fund Name: _____

As advisor to my fund, I understand the following grants to support myself, another advisor to the fund, or related parties are prohibited from my fund: fulfilling legally binding pledges, securing benefits from the distribution recipient, grants to individuals from funds legally defined as donor advised funds and receiving loans/compensation/similar payments from donor advised funds.

GRANT RECIPIENT

Organization's Official Name: _____

Organization's Contact Name: _____

Organization's Mailing Address: _____

Organization's EIN: _____ Phone Number: _____

Amount of Grant: \$ _____ ☐ One Time ☐ Recurring | Start Date: _____ End Date: _____
Recur Every: _____

Purpose (e.g., operating expenses, specific program): _____

☐ Please note that I/we choose to remain anonymous.

Please allow 7 - 10 business days for processing recommendations.

I certify that the above recommendation(s) does not represent the payment of any irrevocable or legally binding pledge or other financial obligation, nor does the undersigned or any family member expect any personal benefit from this charitable distribution. I also acknowledge the above recommendation(s) must receive the approval of the Board of Directors of the Community Foundation.

Signature

Date

SUBMIT COMPLETED FORM TO:

Truman Heartland Community Foundation [EIN #43-1482136]
4200 Little Blue Parkway, Suite 340, Independence, MO
64057 email: castillo@thcf.org | fax: 816.836.8898

Questions? Call 816.912.4184