



## 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](mailto:castillo@thcf.org) | fax: 816.836.8898

**Questions? Call 816.912.4184**