

## Donor Advised Grant Authorization

---

To make a grant recommendation out of your fund, you may use Donor Central; our on-line access to your fund, or you may use this form. If you would like to make additional grants, please use the back of this form.

Central Minnesota Community Foundation  
101 South Seventh Avenue, Suite 100  
St. Cloud, MN 56301

Re: Grant Recommendations

We hereby recommend the following grant for \$ \_\_\_\_\_ to be paid out of the

Name of Fund \_\_\_\_\_

**Agency/Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State & Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**For Purpose/Description:** \_\_\_\_\_

**Grant is Anonymous:**       YES                       NO

This authorization insures that Central Minnesota Community Foundation **is not fulfilling a pledge** or commitment and that the expense requested **will not be used for tickets to an event**, or any activity that serves to benefit the fund holder or fund holder's family. No goods or services were received by the donor or fund holder in exchange for the payment to the organization in accordance with IRS regulations.

If you have any questions, please call the Community Foundation at #320-253-4380.

\_\_\_\_\_

Signature of Fund Holders

Date: \_\_\_\_\_

**Please mail, fax or scan and email to the following address:**

Central Minnesota Community Foundation, 101 South 7<sup>th</sup> Ave, Suite #100, St. Cloud, MN 56301  
Fax # 320-240-9215 or Email us at: [slorenz@communitygiving.org](mailto:slorenz@communitygiving.org)

**Thank you for your generous gift to this charity!**

**Donor Authorization Form Continued**

**Agency/Organization Name:** \_\_\_\_\_ **Amount** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State & Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**For Purpose/Description:** \_\_\_\_\_

**Grant is Anonymous:**  YES  NO

**Agency/Organization Name:** \_\_\_\_\_ **Amount** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State & Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**For Purpose/Description:** \_\_\_\_\_

**Grant is Anonymous:**  YES  NO

**Agency/Organization Name:** \_\_\_\_\_ **Amount** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State & Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**For Purpose/Description:** \_\_\_\_\_

**Grant is Anonymous:**  YES  NO