



COMMUNITY  
GIVING

## Donor Advised Grant Recommendation Form

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To make a grant recommendation from your fund, you may use Donor Central; our on-line system which allows you access to your fund, or you may use this form.

We hereby recommend, to CommunityGiving and its Affiliates, that the following grant(s) be made from the \_\_\_\_\_ Fund.

Please Grant \$ \_\_\_\_\_

To:  
Organization Name: \_\_\_\_\_

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

City/ State/Zip code: \_\_\_\_\_

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

For Purpose: \_\_\_\_\_

Do you wish to remain Anonymous?  YES  NO

**I agree that this grant recommendation is not fulfilling a pledge or previous commitment; that the grant/s 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; and 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.**

\_\_\_\_\_  
Signature of Fund Holder

\_\_\_\_\_  
Date

**Please return to CommunityGiving:**

101 South 7<sup>th</sup> Ave, Suite #100

St. Cloud, MN 56301

Phone# 877-253-4380

Fax # 320-240-9215

Email: [JBlonigen@CommunityGiving.org](mailto:JBlonigen@CommunityGiving.org)

Office use only:

DAF

AG Fund

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

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**Alexandria Area Community Foundation - Brainerd Lakes Area Community Foundation  
Central Minnesota Community Foundation - Willmar Area Community Foundation**

*Recommendation - Continued*

Amount: \_\_\_\_\_

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

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

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

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

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

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

Do you want this grant to be Anonymous?  YES  NO

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Amount: \_\_\_\_\_

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

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

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

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

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

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

Do you want this grant to be Anonymous?  YES  NO

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Amount: \_\_\_\_\_

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

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

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

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

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

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

Do you want this grant to be Anonymous?  YES  NO