



Donor Advised Funds Grant Recommendation Form

To make a grant recommendation, you may use Donor Central (the online system) or complete this form and return it to CommunityGiving.

We hereby recommend that the following grant(s) be made from the _____ Fund.

Organization	Address City/ State	Charitable Purpose	Amount
			\$
			\$
			\$
			\$
			\$

Do you wish to remain Anonymous? YES NO

I agree that the grant recommendations:

- Will not fulfill a pledge or previous commitment
- Will not use 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

X _____
Signature of Fund Holder

Date

Please return to CommunityGiving:

101 7th Ave S, Suite #100
St. Cloud, MN 56301

Fax # 320-240-9215

Email: Grants@CommunityGiving.org