

DONOR ADVISED FUND GRANT RECOMMENDATION FORM



Please fill out this fillable form and email to Chris Riker, criker@ghacf.org.

Fund Name: _____

Grant Amount: _____
(\$250 minimum) *(We request that your fund not fall below a \$5,000 balance)*

Organization Name: _____

Organization Address: _____
Street Address

City *State* *Zip Code*

Organization Phone: _____

Organization Email: _____

Anonymous: Yes No

Charitable Purpose: General Operating Support
 Specific Purpose or Project: _____

Additional Comments: _____

This is a recommendation and not a direction. This recommended distribution does not represent the payment of any pledge or other financial obligation of the donor. The undersigned and related parties decline any personal benefit associated with this gift.

The Grand Haven Area Community Foundation will perform necessary due diligence of the charitable organization to ensure compliance with federal regulations.

Signature

Date

Contact Email

Contact Phone

Please fill out a new form for each grant request. Thank you for your philanthropy!