DONOR-ADVISED FUND
Grant Recommendation

Please complete this form to recommend a grant to a charitable organization. Recommendations will generally be acted upon within ten business days following submission of the recommendation and will be mailed directly to the charitable organization.

You can also make this recommendation online at: www.episcopalfoundation.org/programs/daf

PRIMARY ADVISOR & DAF INFORMATION

Primary Advisor Name: ________________________________________________________________

Telephone: _____________________________   Email Address: ______________________________________

DAF Name: ____________________________ Account Number: _________________________________

GRANT RECOMMENDATION & ACKNOWLEDGEMENT

I recommend a grant in the amount of $____________ (minimum $100) be made from the above-named DAF to the following charitable organization:

Grant Recipient Official Name: ___________________________________________________________________

Organization’s Employer Identification Number (if known): __________________________________________

Address: ______________________________________________________________________________________

City: _______________________________________    State: _____________________       Zip: _________________

Contact Person at Organization (if known): _______________________________________________________

Contact Telephone or Email Address (if known): _________________________________________________

This grant is intended for (special purpose, if any, such as a particular project/ fund): _____________________________

475 Riverside Drive, Suite 750 | New York, NY 10115 | 800-697-2858 | www.episcopalfoundation.org
Grant Recurrence: Yes □ No. If yes, indicate recurrence interval: □ Monthly □ Quarterly □ Semianually □ Annually

Start Date: _____________ End Date: _____________

GRANT ACKNOWLEDGEMENT

A letter accompanying your grant will be sent to your selected charity. Please select an option.

□ Anonymous (Advisor and DAF name excluded)
□ Other recognition (e.g. In Honor of Fr. John Smith, In Memory of my mother Mary Jones, etc.)

________________________________________

REQUIRED SIGNATURE

• I understand that, as stated in the Program Guide for the Donor-advised Fund, ECF will consider this recommendation in making distributions from the DAF, but is not required to follow this recommendation.

• I acknowledge that ECF will rely on the authenticity of the signature set forth below as belonging to the Primary Advisor for the DAF named above.

• I affirm that no portion of the suggested distribution listed herein is for the purpose of fulfilling a legally enforceable obligation, personal pledge, or for the receipt of any personal benefit, such as tickets or membership, which has been made by a Primary Advisor or Successor Advisor.

• I understand that ECF reviews all grant recommendations to ensure that the organization is a recognized charity under IRS regulations.

Primary Advisor Signature: ____________________________________________ Date: _____________

MAILING INSTRUCTIONS

Please mail to Episcopal Church Foundation
Donor-advised Fund Program
475 Riverside Drive, Suite 750
New York, NY 10115

You may also fax this form to 212-297-0142 or scan and email to giving@episcopalfoundation.org