

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): _____



Grant Recurrence: Yes No. If yes, indicate recurrence interval: Monthly Quarterly Semiannually 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