



Donor Advised Grant Recommendation Form

I (we) recommend the following grants to the Board of Directors. I (we) understand that the final judgement rests with the Board, whose charge it is to see that all grants are within the charitable purposes of The Community Foundation of Western North Carolina. I (we) attest that this recommendation does not represent payment of a legally binding pledge or other personal financial obligation on behalf of the fund representative(s), family members or businesses they control and that no tangible benefit, goods or services, such as dinners, tickets, etc. were or will be received by any individual or entities connected with the Fund (as described above).

Signature of Advisor(s) _____ (REQUIRED)

PLEASE PRINT LEGIBLY. Return form to: 4 Vanderbilt Park Dr., Ste. 300, Asheville, NC 28803; fax to (828) 251-2258 or email to crisp@cfwnc.org. For assistance, please call (828) 254-4960.

Date: _____ **Name of Donor Advised Fund:** _____

Address: _____

Phone: _____ **E-mail:** _____

<u>Name and Address of Recommended Organizations</u>	<u>Grant Amount</u> \$250 minimum per organization	<u>Purpose/Special Instructions</u> No tangible benefit to donor, advisors or related parties, please.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

In Memory of (Grant #____)

In Honor of (Grant #____)

Name of Deceased _____ *Honored Person* _____

Survivor to be Notified _____ *Occasion* _____

Relationship to Deceased _____ *Address* _____

Address _____ *Address* _____

Address _____