



## Donor Advised Grant Recommendation

Date \_\_\_\_\_

I/we recommend distributions from: \_\_\_\_\_  
Name of Fund

to the following organization(s) in the amount(s) listed. I understand that this is a recommendation and not a direction. I acknowledge that the suggestions below do not represent the payment of any pledge or other financial obligation, nor do I expect any personal benefits such as dinners, tickets, etc. from this charitable distribution.

Name and Address of Recipient Organization	Purpose/Special Instructions	Gift Amount
_____	_____	_____
_____	_____	
_____	_____	
_____		
_____	_____	_____
_____	_____	
_____	_____	
_____		
_____	_____	_____
_____	_____	
_____	_____	
_____		

Signature \_\_\_\_\_

Should the Board of Directors have any questions about your recommendation(s), a member of the Foundation staff will contact you. A notification letter and check will be sent to the recipient(s) following review and approval of your recommendation.

Please return this form to the Davie Community Foundation, PO Box 546, Mocksville, NC 27028. Distribution checks are printed on the 1st and 15th of each month.