



community foundation

ANTRIM . BENZIE . GRAND TRAVERSE . KALKASKA . LEELANAU

## DONOR ADVISED GRANT RECOMMENDATION FORM

Name of Donor Advised Fund: \_\_\_\_\_

### Grant Recommendation(s):

Organization: \_\_\_\_\_ Grant Amount: \$ \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Grant Purpose *(if other than for general support)*

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**Grant Awards are made on the 15th and last day of each month; recommendations must be received at least three business days in advance of payment dates.**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Interested in using our online portal to submit your grant recommendations?  
 Contact Pam at [pamundsen@gtrcf.org](mailto:pamundsen@gtrcf.org) for a link to create your account.