



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 for a link to create your account.