

DONOR ADVISED FUND GRANT RECOMMENDATION FORM



FUND NAME _____ **FUND NUMBER** _____

Pursuant to the terms of the Donor Advised Fund which I/we have established at the Jewish Community Federation of San Francisco, the Peninsula, Marin and Sonoma Counties, I/we hereby recommend the following grants for consideration by your committee.

If it is an organization to which you have not previously made a grant recommendation, please include any contact/identifying information you may have.

ORGANIZATION	AMOUNT
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above suggested distribution does not represent the payment of any pledge or other financial obligation. I/we will not accept any benefits or privileges offered in connection with the above grant distribution(s), including goods or services (including auction items), admission to charitable events, dues, or membership, other than a synagogue or other religious institution. This grant is not intended to be combined with my/our personal check to support my/our attendance or that of others at a charity's event.

Fund Advisor Name _____ Fund Advisor Signature _____

Date _____