



Donor Advised Fund Grant Recommendation Form

Date: _____

I (we) suggest grant distribution(s) from the

_____ (fund name)

to the following organization(s):

1. _____
Organization Amount

_____ City, State, Zip
Address

Project purpose (unless general operation)

I wish to remain anonymous to the grantee: _____ Yes _____ No

2. _____
Organization Amount

_____ City, State, Zip
Address

Project purpose (unless general operation)

I wish to remain anonymous to the grantee: _____ Yes _____ No

I/we acknowledge that the above suggestion(s) do not represent the payment of any pledge or other financial obligation that has not had prior approval of the Foundation Board. Nor does the undersigned expect any personal benefit from this charitable distribution.

Signature Phone Number Email Address

If you have any questions please call Central Kentucky Community Foundation, at 270.737.8393, or email to info@ckcf4people.org.

You may fax this form to 270.737.8393, or mail your completed hard copy to:

Central Kentucky Community Foundation
306 W. Dixie Ave
Elizabethtown, KY 42701