



Donor Advised Fund Grant Recommendation Form

Date: _____

Fund #: _____

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

_____ (fund name)

to the following organization(s):

1. _____
Organization Amount

Address City, State, Zip

Project purpose (unless general operation)

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

2. _____
Organization Amount

Address City, State, Zip

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.

Mail your completed hard copy to:

Central Kentucky Community Foundation
200 Jim Owen Drive
Elizabethtown, KY 42701