



DeKalb County Community Foundation  
475 DeKalb Avenue, Sycamore, IL 60178  
815-748-5383 815-748-5873 fax  
[dekalbccf.org](http://dekalbccf.org)

### DONOR ADVISED FUND RECOMMENDATION FOR GRANT DISTRIBUTION

See back to add additional recommendations. Questions? Contact [anita@dekalbccf.org](mailto:anita@dekalbccf.org)

Your name \_\_\_\_\_ Date \_\_\_\_\_

Your e-mail address \_\_\_\_\_ Your phone \_\_\_\_\_

Fund name \_\_\_\_\_

#### GRANT DISTRIBUTION RECOMMENDATION

Distribute grant(s) directly to the following organization(s) as soon as possible. Note that grants are usually distributed within 2 weeks of receiving recommendations.

#### Do you wish to remain anonymous?

- No.** Share my name and address with the grant recipient organization in order to allow them to acknowledge me for this grant.
- Yes.** I choose to remain anonymous to the grant recipient.

I understand and confirm that the recommendation herein

- is intended to be used exclusively in furtherance of the organization's charitable purpose.
- does not generate monetary, financial, or tangible benefit to my family, donor advisors, related 3<sup>rd</sup> party or to me.
- does not fulfill a legally binding pledge or financial obligation.
- may not be used for campaign, lobbying or political purposes.

I acknowledge that the recommendation is subject to approval by the Board of Directors of the DeKalb County Community Foundation.

Organization name \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Recommended grant amount \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Donor Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Donor Advisor

\_\_\_\_\_  
Date

See back to include additional recommendations

## Additional Grant Recommendations

Organization name \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Recommended grant amount \$ \_\_\_\_\_

Organization name \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Recommended grant amount \$ \_\_\_\_\_

Organization name \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Recommended grant amount \$ \_\_\_\_\_

Organization name \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Recommended grant amount \$ \_\_\_\_\_

Organization name \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Recommended grant amount \$ \_\_\_\_\_