

# GRANT RECOMMENDATION FORM

101 West Mount Royal Avenue  
Baltimore, Maryland 21201-5780

Attn: Grants Administrator  
P: 410-369-9339 F: 410-837-1309



Donor-Advised Fund Name

Fund Number

**Grant Recommendation:** Pursuant to the terms of the donor-advised fund which I have established at The Associated: Jewish Community Federation of Baltimore, I hereby recommend that you pay from the income of the fund, and from the principal there of to the extent that the fund's income is not sufficient for such purposes, the following amounts to the following organizations:

**1**

ORGANIZATION NAME AND TAX ID, IF AVAILABLE

ADDRESS

CITY STATE ZIP CODE

DESIGNATED USE, IF ANY \$ RECOMMENDED AMOUNT

SPECIAL INSTRUCTIONS, IF ANY

What information may we share with the organization(s)?

Name only     Name and address     Please do not share my information (Anonymous)

**2**

ORGANIZATION NAME AND TAX ID, IF AVAILABLE

ADDRESS

CITY STATE ZIP CODE

DESIGNATED USE, IF ANY \$ RECOMMENDED AMOUNT

SPECIAL INSTRUCTIONS, IF ANY

What information may we share with organization(s)?

Name only     Name and address     Please do not share my information (Anonymous)

\$ \_\_\_\_\_  
TOTAL AMOUNT TO BE DISTRIBUTED

**Certification:**

By signing, I certify that the above suggested distribution(s) does not represent the payment of any pledge or other financial obligation. If any benefits or privileges are offered in connection with such distribution(s), I have not accepted and will not accept them.

\_\_\_\_\_  
DONOR-ADVISOR SIGNATURE

\_\_\_\_\_  
PRINT NAME DATE

\_\_\_\_\_  
DONOR-ADVISOR SIGNATURE

\_\_\_\_\_  
PRINT NAME DATE