



Grand Rapids  
community foundation

recommendation form

Fund Name: \_\_\_\_\_

Pursuant to the terms of the Donor Advised Fund named above that is established with the Grand Rapids Community Foundation, I recommend that you pay out of the earnings of the fund the following amounts or percentages to the following organizations:

Organization Name	Description	Amount (\$250 min)
<b>Total:</b>		

Grant recommendations greater than \$10,000 require approval by the Grand Rapids Community Foundation Board of Trustees. Board of Trustee meetings are scheduled for the second Monday of every other month (February, April, June, August, October, December).

This is a recommendation and not a direction. This recommended distribution does not represent payment in satisfaction of any pledge or other financial obligation of the undersigned. The undersigned and related parties decline any benefit associated with this gift.

Thank you,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please sign, date and return form via fax or United States Postal Service to:*

**Grand Rapids Community Foundation**  
**185 Oakes St. SW**  
**Grand Rapids, MI 49503**  
**Phone: 616-454-1751**  
**Fax: 616-454-6455**