

A grant to a charity will be accompanied by a letter recognizing the donor advised fund as the source of the grant. You may choose to be recognized, elect to recognize a family member or friend, or make the grant anonymously. If you need assistance, call **913-310-0279**.

Return completed forms to: Fax: **913-227-0254**

Email: info@thesignatry.com

The Signatry
7171 W 95th Street, Suite 501
Overland Park, KS 66212

DONOR ADVISED FUND INFORMATION

Fund name			
Fund Number			

RECOGNITION FOR GRANT

Please recognize the original Donor of Record of the donor advised fund.
Please recognize the following named individual in connection with the grant:

Full name			
Street Address	City/State/Zip		

Please issue this grant anonymously.

GRANT AMOUNT

Recommend grant amount: \$ _____ (minimum \$100)

I would like this grant to be issued on the following specified future date (must be one (1) month or more from date of submission of this request): ____ / ____ / ____

I would like recurring grants of equivalent amounts to be paid starting: ____ / ____ / ____

Monthly Quarterly Other: _____

RECOMMENDED GRANT RECIPIENT

Name of recommended charity			
Street Address	City/State/Zip		
Phone Number	Website		
Special Instructions			
Purpose/Use			
Tax ID # (if available)			

ACKNOWLEDGMENT

I, the undersigned donor acknowledge that I have read the grant recommendation guidelines set forth in the The Signatry Fund Agreement. I hereby certify that a) neither I nor anyone related to me will receive any benefit from the recommended charitable organization; b) the recommended grant will not pay for membership dues, fees, tuition, benefit tickets, goods, or other services; and c) the grant does not fulfill a pre-existing binding pledge to the recommended charitable organization. I further certify my understanding that my recommendation is advisory only and is subject to the full and exclusive control and discretion of The Signatry.

Signature		
Printed Name	Date	