

Grant Recommendation

FORM PAGE 1 / 2



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.

Instructions

Return completed forms to:

Mail or Overnight Delivery:

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

Fax:

913-227-0254

Email:

donorcare@thesignatry.com

Donor Advised Fund Information

Fund Name

Fund Number

Recommended Grant Recipient

Name of Recommended Charity

Address

Street

City

State

Zip

Phone

Website

Special Instructions

Purpose/Use

Tax ID # (if available)

Grant Amount

Recommend grant amount: \$

Minimum \$100

- I would like this grant to be processed immediately.
- 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 _____

Recognition for Grant

How do you want to be recognized?

Include the following:

Name of the Fund Primary Donor(s) Include Donor Address

Special recognition:

In honor of: _____ On behalf of: _____ In celebration of: _____

Please issue this grant anonymously.

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.

Contributor's Signature _____

Printed Name _____

Date _____