



GRANT RECOMMENDATION FORM

ACCOUNT INFORMATION

Account Name: _____

Donor/Authorized Signer Name(s): _____

Contact Information (Email and/or Phone): _____

GRANT REQUESTED

Charity Name: _____

Charity Address (Street/PO Box, City, State, ZIP): _____

Specific designation for grant (if any): _____

DISTRIBUTION (The minimum distribution amount is \$250.00 per grant.)

- I would like this distribution to be made with the Account Name and Address
- I would like this distribution to be made Anonymously
- One-time distribution \$ _____
- Recurring distribution \$ _____ Start Date: _____ End Date: _____
 Recurring Distribution Frequency: Monthly Quarterly Semi-Annually Annually
- This is a change to a periodic grant instruction currently in effect.*

Please Note: If this is a *recurring distribution*, by signing below, I/we understand this authorization form will remain in effect until further written instructions are given.

I/We acknowledge I/we have read the Program Description and agree to its terms and/or conditions regarding recommendations of grants from my GuideStream Donor Advised Funds account. By signing below, I/we certify that, to my/our knowledge, no one will receive any form of impermissible benefit (i.e. goods or services) from the recommended charitable organization in exchange for, or as a result of, this grant, and that no one is using this grant to fulfill all or a portion of a binding, pre-existing pledge. In addition, if any benefits or privileges are offered in connection with such distribution, I/we will not accept them. I/We recommend the grant as described above.

Name Signature Date

Name Signature Date

INTERNAL USE ONLY:			
Acct #: _____	EIN: _____	Sufficient Funds Available:	Yes No
Charity Approved: _____		Mailing Address Verified:	Yes No