

DONOR ADVISED FUND - GRANT RECOMMENDATION FORM

Jewish Federation of Delaware
Jewish Fund for the Future
101 Garden of Eden Road
Wilmington, DE 19803

Attn: **Gina Kozicki, Associate Director, JFF**
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Jewish Federation
OF DELAWARE
JEWISH FUND FOR THE FUTURE

**COMPLETE FORM AND SEND TO
GINA@SHALOMDEL.ORG**

Donor Name and Contact Phone Number:

Donor-Advised Fund Name

Grant Recommendation: Pursuant to the terms of the Donor Advised Fund that I have established at Jewish Federation of Delaware, I hereby recommend that a distribution be made from my/our fund to the organization(s) listed below:

1. _____
ORGANIZATION NAME AND TAX ID, IF AVAILABLE

ADDRESS

CITY

STATE

ZIP CODE

DESIGNATED USE, IF ANY

\$ _____
RECOMMENDED DISTRIBUTION 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 DISTRIBUTION 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)

\$ _____
TOTAL AMOUNT TO BE DISTRIBUTED FROM FUND

Certification:

By signing below, I certify that the above recommended 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

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