



OFFICE USE ONLY
FUND ID _____
DSO _____
STAFF RECOMMENDED _____
IF FROM _____ TO _____

RECOMMENDATION FOR CHARITABLE DISTRIBUTIONS

To request a grant from a Donor-Advised Fund

NAME OF FUND: _____

Recommendation for Charitable Distributions

I recommend that Triangle Community Foundation review and approve the following distribution(s) from the fund. I understand the Foundation will conduct due diligence to determine the eligibility of intended grantee organizations.

I understand that final approval rests in the hands of the Foundation, whose charge it is to ensure that all distributions comply with regulations of the Internal Revenue Service and are compatible with the policies and purposes of the Foundation.

I certify that these recommendations do not represent the payment of any legally enforceable pledge or obligation, and that I will not receive any goods, services, or non-tax deductible membership benefits.

Donor/Advisor Signature: _____

Date: _____

Name and Address of Recipient Organization

Suggested Amount of Grant:
(minimum \$250)

Organization: _____

\$ _____

Address: _____

City, State, Zip: _____

Contact (name and title): _____

Phone: _____

Website or email: _____

Grant Purpose: _____

Anonymous grant: Yes No

Name and Address of Recipient Organization

Suggested Amount of Grant:
(minimum \$250)

Organization: _____

\$ _____

Address: _____

City, State, Zip: _____

Contact (name and title): _____

Phone: _____

Website or email: _____

Grant Purpose: _____

Anonymous grant: Yes No

Email form to: donorservices@trianglecf.org

Fax form to: 919-941-9208

Mail form to: PO Box 12729, Durham, NC 27709