



Greater Salina Community Foundation  
Catholic Community Foundation  
Community Foundation for Cloud County  
Heartland Community Foundation  
Jewell County Community Foundation

Osborne County Community Foundation  
Ottawa County Community Foundation  
Post Rock Community Foundation  
Republic County Community Foundation  
Russell County Area Community Foundation

Smith County Community Foundation  
Smoky Hills Charitable Foundation  
Smoky Valley Community Foundation  
Solomon Valley Community Foundation  
Washington County Community Foundation

## Donor Advised Fund Grant Recommendation Form

(Note: This form is only for donors with a donor advised fund held at the Community Foundation.)

Name of Fund: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Recommendation 1			
Charity Name _____ <i>I/We wish to remain anonymous to the grant recipient</i>			TAX ID # of Charity
Charity mailing address			Attention
City	State	Zip	Phone
Grant Amount (\$250 minimum)	Grant purpose <input type="checkbox"/> General support <input type="checkbox"/> Special project _____ <input type="checkbox"/> Capital campaign <input type="checkbox"/> To honor the work of (name) _____		
Other instructions			

Grant Recommendation 2			
Charity Name _____ <i>I/We wish to remain anonymous to the grant recipient</i>			TAX ID # of Charity
Charity mailing address			Attention
City	State	Zip	Phone
Grant Amount (\$250 minimum)	Grant purpose <input type="checkbox"/> General support <input type="checkbox"/> Special project _____ <input type="checkbox"/> Capital campaign <input type="checkbox"/> To honor the work of (name) _____		
Other instructions			

Check(s) will be mailed directly to the recipient organization(s) along with a grant transmittal letter outlining the grant details.

*I/we certify that the above recommendation(s) does not represent the payment of any irrevocable/legally binding pledge/other financial obligation, nor does the undersigned, any family member, advisor or any other related party expect any personal benefit (such as tickets, memberships, meals) from this charitable distribution. I/we also acknowledge the above recommendation(s) is subject to approval of the Community Foundation Board of Directors.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name / (Phone or Email)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name / (Phone or Email)

### Mail or email completed form to:

Greater Salina Community Foundation • PO Box 2876 • Salina, KS 67402-2876 • [accounting@gscf.org](mailto:accounting@gscf.org)  
or return to your local affiliate foundation office or board member