

COMMUNITY FOUNDATION OF WEST KENTUCKY

**DONOR ADVISED FUND
RECOMMENDED GRANT FORM**

Date _____

I/we recommend the following grant from _____
Fund to be considered by the Grants Committee and Board of Directors.

Recipient Organization

Name _____

Address _____

Suggested Amount

\$ _____

Special Instructions: _____

I/we do not expect any personal benefit from this charitable distribution.

Signature of Donor or Advisory Committee _____

Reason for non-approval of grant recommendation: _____

FOR OFFICE USE ONLY

Fund # _____
Name _____
Amt. App. _____
App. By _____

Grantee _____
Check # _____
Date _____
Ackn By _____