



**COMMUNITY  
FOUNDATION**  
OF WEST KENTUCKY

**Donor Advised Fund Recommendation Form**

As an advisor to the \_\_\_\_\_  
Fund (Fund Code \_\_\_\_\_), I/we suggest the following grant to be considered by the  
Community Foundation of West Kentucky, Inc.

Grant Amount: \_\_\_\_\_

Name of Nonprofit: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

Charitable Purpose of Grant: \_\_\_\_\_

I/we understand that this recommendation is advisory only and that final authority over all distributions rests with the Community Foundation of West Kentucky, Inc. It is the responsibility of the Community Foundation to ensure all grants are made for charitable purposes consistent with Internal Revenue Service guidelines and the mission of the Community Foundation.

The grant suggested above does not represent the payment of any personal pledge or other legally enforceable financial obligation of mine, any member of the advisory committee, or any member of our families. I/we do not expect any direct or indirect benefit from this charitable distribution. This grant will not be used to support a political campaign or to pay for a membership, dinner, performance or any other activity that provides benefit to me, the advisory committee or any member of our families.

To the best of my knowledge, this grant recommendation complies with the CFWK Donor Advised Grant Recommendation Guidelines.

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Please mail this form to:  
Community Foundation of West Kentucky, Inc., P. O. Box 7901, Paducah, KY 42002