COMMUNITY FOUNDATION OF WEST KENTUCKY

Donor Advised Fund Recommendation Form

As an advisor to the _____ Fund (Fund Code _____), I/we recommend 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