



Our Community's Foundation*
DONOR ADVISED FUND
GRANT RECOMMENDATION FORM

As Donor Advisor to the (insert name) _____ Fund and in accordance with the Foundation's Policy for Advised Funds, I (we) recommend to the Foundation that the charitable organization(s) listed below receive (a) grant(s) from this Fund for the charitable purpose(s) indicated. (Duplicate this form if more than two organizations are to receive grants, indicate number of pages and sign all.)

Once signed, send the form to the Foundation's Central Office, P O Box 1762, Parkersburg, WV 26102-1762. To expedite check(s) processing, the form may be faxed to 304.428.1200 or scanned and electronically mailed to Rita.Smith@pacfwv.com. If you have supplied the Foundation Central Office with written permission allowing it to accept telephone instructions for your fund, you may also telephone your recommendation in to 304.428.4438. Direct all questions related to donor advised fund distributions to the Central Office at 304.428.4438, toll free 1.866.428.4438.

<p>NAME OF AGENCY TO RECEIVE GRANT:</p> <p>AMOUNT:</p> <p>WHAT DO YOU WANT THIS AGENCY TO DO WITH YOUR GIFT?</p>
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I (we) certify that the grant recommendation(s) do not represent fulfillment of any pledge or other financial obligation, and that neither I, nor any other Fund Advisor associated with this Fund, are to receive any goods or services as a result of this recommendation. I/we understand that the final approval of these recommendations is at the sole discretion of the governing board of the Parkersburg Area Community Foundation / PACF, Inc. whose charge it is to ensure that all distributions are consistent with the legal purposes of the Community Foundation and in compliance with its Policy for Advised Funds.

Signature	Date
Signature	Date

Upon approval of the grant, the fund name will be included in the notification letter to the organization(s). Check here if you prefer the grant(s) to be anonymous _____