

DONOR ADVISOR GRANT RECOMMENDATION FORM

or Email to: megan@cfnorthstate.org

Mail this form to: Community Foundation of the North State 1335 Arboretum Drive, Suite B Redding, CA 96003 (530) 244-1219

Name of Fund:
Name of Advisor(s):
Grant Amount: \$
Charitable Organization:
Address:
Control Name:
Contact Name:
Phone Number:
Filone Number.
Do you wish for this grant to be anonymous? Please check: Yes No
Purpose of Grant:
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Notes:
I attest that the recommendation above does not represent payment of a pledge or other
personal financial obligation on behalf of the fund representative(s), family member(s), or
businesses we control; and that no tangible benefit, goods or services, such as membership,
dinners, tickets, advertisements, etc. were or will be received by any individual or entity
connected with the Fund; and donors, advisors or related parties are not receiving grants,
loans, compensation or similar payments from donor advised funds.
Signature or e-mail address of advisor: Date:

Updated 7.1.2020