

# Donor Advised Fund Grant Recommendation Form

Date: \_\_\_\_\_

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(Name of Fund – Please Print)

Pursuant to the terms of the Donor Advised Fund which I have established at Hutchinson Community Foundation, I hereby request that you pay out of the income of the Fund, and out of the principal thereof to the extent that the Fund's income is not sufficient for such purposes, the following amounts to the following organizations:

I understand this is a recommendation only, not a direction.

The above requested distribution does not represent the payment of any pledge or other personal financial obligation and no tangible benefit, goods, or services were received by any individuals or entities connected with the above mentioned Donor Advised Fund as a result of this distribution. Should the Distribution Committee have any questions about the above request(s), you will be contacted by Foundation staff.

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Signature of Fund Holder

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Name of Person(s) Suggesting the Grant

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Address, City, ST, Zip

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E-Mail

Please return one copy to the Hutchinson Community Foundation, retain a copy for your files. A notification letter and check will be sent to the recipient(s) following approval of your request. Grants will be processed within 7-10 business days.

