



DONOR ADVISED GRANT REQUEST

Name of Fund: _____

Date of Request: _____

I/We request the following distribution(s) be made from the above fund to the following organization in the amount listed below. (Attach additional pages if necessary.)

ORGANIZATION NAME (S) ADDRESS(ES) & PHONE(S):	PURPOSE(S) OF GRANT SPECIAL INSTRUCTIONS:	RECOMMENDED AMOUNT(S):
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1. _____

2. _____

I wish this distribution to be ANONYMOUS and for the Fund name NOT to be mentioned in correspondence.

I/We acknowledge that the above recommendations do not represent any of the following:

- fulfillment of pledges and/or secure benefits to, at a minimum, donors, advisors, and related parties;
- fulfillment of grants, loans, compensation or similar payments including expense reimbursement to donors, advisors, or related parties; and
- fulfillment of a grant to an individual.

All disbursements are subject to approval by the NICF Board of Directors. A notification letter and check will be sent to the recipient(s) and a copy will remain on file.

Donor/Fund Advisor Printed Name

Donor/Fund Advisor Signature

Address

Daytime Telephone Number

*Send to: Northern Indiana Community Foundation, Inc. * P. O. Box 807 * Rochester, Indiana 46975 * Fax 574.224.3709*