



## DONOR ADVISED FUND GRANT RECOMMENDATION FORM

(This form can be used or an email from you that contains the same information requested below)

<b>Name of Fund</b>	
<b>Date</b>	
<b>Fund Contact</b>	
<b>Email:</b>	

*Please recommend grants you would like made from this fund in the space below. Please provide all information requested. If you would like staff assistance in designing a grantmaking program or in locating programs within your field(s) of interest, please contact our offices at (912) 268-2561.*

*A notification letter and a check will be sent to the recipients following approval of your request. You will receive an emailed copy of the letter/s sent with the grants after the distribution(s) have been made.*

Name of Organization: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose if other than "General Support": \_\_\_\_\_

Amount: \_\_\_\_\_  Make grant anonymously

I recommend the following grants from my fund. I acknowledge that the requested recommendations do not represent the payment of any legally enforceable pledge or obligation nor does the undersigned expect any goods or services as a result of this charitable donation. I acknowledge that all grant awards must be approved by the Board of Directors of the Foundation.

Signature: \_\_\_\_\_

Please email to: [epost@coastalgeorgiafoundation.org](mailto:epost@coastalgeorgiafoundation.org)  
or mail completed form to:  
The Communities of Coastal Georgia Foundation, Inc.  
P.O. Box 2463, Brunswick, GA 31521

(for additional grants use page 2)

DONOR ADVISED FUND GANT RECOMMENDATION FORM – PAGE 2

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Contact Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_

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