



## DONOR ADVISED FUND DISBURSEMENT RECOMMENDATION FORM

Scan and email to: Executive Director, Brienne Hooker at: [bhooker@jasperfdn.org](mailto:bhooker@jasperfdn.org)  
 or mail to: P.O. Box 295, Rensselaer, IN 47978

Name of Fund: \_\_\_\_\_

**Donor Advised Funds**

Donor Advised Funds will receive confirmation of grant disbursement via letter or phone call.

Donor Advised Fund grants cannot be used to fulfill a pledge, support a political campaign, support membership, or benefit an individual (this includes scholarships).

**OFFICE USE:**

Amount Recommended Available  
 \_\_\_\_\_  
*date/initial*

Recommended Recipient Eligible  
 \_\_\_\_\_  
*date/initial*

Board Approval  
 \_\_\_\_\_  
*date/initial*

Grant Entered into FIMS  
 \_\_\_\_\_  
*date/initial*

Letter & Check Mailed  
 \_\_\_\_\_  
*date/initial*

Total Grant Amount Requested: \_\_\_\_\_

Grant Recommendation(s):

Organization Name: \_\_\_\_\_  
 Grant Amt. \$ \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Purpose (if other than for general support):

Organization Name: \_\_\_\_\_  
 Grant Amt. \$ \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Purpose (if other than for general support):

Organization Name: \_\_\_\_\_  
 Grant Amt. \$ \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Purpose (if other than for general support):

Signature of Authorized Fund Representative: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_