



Donor-Advised Fund Recommendation Form

As an advisor to the _____ Fund

(Fund Code _____), I/we recommend the following grant to be considered by the Community Foundation of West Kentucky, Inc.

Grant Amount: \$ _____

Name of Nonprofit: _____

Address: _____

Contact Person: _____ Email: _____

Phone Number: _____ Website: _____

Charitable Purpose of Grant: _____

I/we understand that this recommendation is advisory only and that final authority over all distributions rest with the Community Foundation of Henderson County, Inc. It is the responsibility of the Community Foundation to ensure all grants are made for charitable purposes consistent with Internal Revenue Service guidelines and the mission of the Community Foundation.

I certify the grant suggested above does not result in the donor, advisors or any related parties receiving an exchange of goods or services or any personal or material benefit. This grant will not be used to support a political campaign or to pay for a membership, dinner, performance or any other activity that provides benefit to the donor, advisors or any related parties. Additionally, this grant will not be used to satisfy all or a portion of a pre-existing personal pledge or other financial obligation of the donor, advisors or any related parties. This grant is not a grant, loan, or compensation to the donor, advisor or any related party. To the best of my knowledge, this grant recommendation complies with the Community Foundation of West Kentucky, Inc. Donor Advised Fund Policies and Guidelines.

Signature of Advisor

Date

Signature of Advisor

Date

Printed Name

Printed Name

Please mail this form to: Community Foundation of Henderson, P.O. Box 933, Henderson, KY 42419

Board approved: 06/14/2021