

**DONOR ADVISED FUND - GRANT RECOMMENDATION FORM**

Jewish Federation of Delaware  
Jewish Fund for the Future  
101 Garden of Eden Road  
Wilmington, DE 19803

Attn: **Gina Kozicki, Associate Director, JFF**  
P: 302-427-2100 F: 302-427-2438  
E: Gina@ShalomDel.org



**Donor Name and Contact Phone Number:**

Donor-Advised Fund Name

**Grant Recommendation:** Pursuant to the terms of the Donor Advised Fund that I have established at Jewish Federation of Delaware, I hereby recommend that a distribution be made from my/our fund to the organization(s) listed below:

1. \_\_\_\_\_  
ORGANIZATION NAME AND TAX ID, IF AVAILABLE

ADDRESS

CITY

STATE

ZIP CODE

**DESIGNATED USE, IF ANY**

\$ \_\_\_\_\_  
RECOMMENDED DISTRIBUTION AMOUNT

SPECIAL INSTRUCTIONS, IF ANY

What information may we share with the organization(s)?

Name Only

Name and address

Please do not share my information (Anonymous)

2. \_\_\_\_\_  
ORGANIZATION NAME AND TAX ID, IF AVAILABLE

ADDRESS

CITY

STATE

ZIP CODE

**DESIGNATED USE, IF ANY**

\$ \_\_\_\_\_  
RECOMMENDED DISTRIBUTION AMOUNT

SPECIAL INSTRUCTIONS, IF ANY

What information may we share with the organization(s)?

Name Only

Name and address

Please do not share my information (Anonymous)

\$ \_\_\_\_\_  
**TOTAL AMOUNT TO BE DISTRIBUTED FROM FUND**

**Certification:**

By signing below, I certify that the above recommended distribution(s) does not represent the payment of any pledge or other financial obligation. If any benefits or privileges are offered in connection with such distribution(s), I have not accepted and will not accept them.

**DONOR-ADVISOR SIGNATURE**

**PRINT NAME**

**DATE**

**DONOR-ADVISOR SIGNATURE**

**PRINT NAME**

**DATE**