



**DONOR ADVISED FUND  
RECURRING GRANT RECOMMENDATION FORM**

<b>From which Donor Advised Fund should the grant(s) be made?</b>

<b>What recurring grant(s) are you recommending be made from the Donor Advised Fund?</b>				
Charitable Organization name		Grant amount	\$	
For the ministries of/project fund		Stay anonymous?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recurring grant start date		Indicate how frequently this recurring grant should be made	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
Recurring grant end date			<input type="checkbox"/> Six monthly	<input type="checkbox"/> Annually
<b>OFFICE USE ONLY</b>	<input type="checkbox"/> Grant issued	<b>Date issued:</b>		
Charitable Organization name		Grant amount	\$	
For the ministries of/project fund		Stay anonymous?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recurring grant start date		Indicate how frequently this recurring grant should be made	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
Recurring grant end date			<input type="checkbox"/> Six monthly	<input type="checkbox"/> Annually
<b>OFFICE USE ONLY</b>	<input type="checkbox"/> Grant issued	<b>Date issued:</b>		

<b>If the recurring grant(s) are not made anonymously, indicate your preference for recognition in the letter sent with the grant.</b>				
<input type="checkbox"/>	Recognize the Donor Advised Fund name only	<input type="checkbox"/>	Recognize the DAF and individual Donor Advisor(s) name(s)	
<input type="checkbox"/>	Other recognition (e.g. <i>In Honor of, In Memory of</i> )			

By signing below, I:

- Acknowledge that my recommendations are provided in an advisory role only. Believers Stewardship Services, Inc. (BSS) will make every effort to honor my designation(s), but I understand that the funds are the property of the BSS.
- Acknowledge that this grant(s) is not intended: (1) to fulfill a pledge that I have already made in my own name; (2) to pay for memberships or tickets to galleries, museums, or public broadcasting station, goods at charitable auctions, school tuition, benefit events, or other goods or services; (3) to benefit myself or a specific individual; (4) to support political campaigns or for lobbying activities; or (5) to support a private non-operating foundation and/or some supporting organizations.
- Acknowledge that I received a tax-deductible gift receipt for donating to the above-named Donor Advised Fund. Therefore, any subsequent receipt will not be used as a charitable deduction.
- Acknowledge that I have read the original "Donor Advised Fund Agreement."

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_