



DONOR ADVISED FUND ONE-TIME GRANT RECOMMENDATION FORM

From which Donor Advised Fund should the grant(s) be made?

What grant(s) are you recommending be made from the Donor Advised Fund?			
Charitable Organization name		Grant amount	\$
For the ministries of/project fund		Stay anonymous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OFFICE USE ONLY	<input type="checkbox"/> Grant issued	Date issued:	
Charitable Organization name		Grant amount	\$
For the ministries of/project fund		Stay anonymous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OFFICE USE ONLY	<input type="checkbox"/> Grant issued	Date issued:	
Charitable Organization name		Grant amount	\$
For the ministries of/project fund		Stay anonymous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OFFICE USE ONLY	<input type="checkbox"/> Grant issued	Date issued:	
Charitable Organization name		Grant amount	\$
For the ministries of/project fund		Stay anonymous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OFFICE USE ONLY	<input type="checkbox"/> Grant issued	Date issued:	

If the grant(s) are not made anonymously, indicate your preference for recognition in the letter sent with the grant.			
<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 (<i>e.g. In Honor of, In Memory of</i>)		

By signing below, I/we:

- Acknowledge that my/our recommendations are provided in an advisory role only. Believers Stewardship Services, Inc. (BSS) will make every effort to honor my/our designation(s), but I/we understand that the funds are the property of BSS.
- Acknowledge that this grant(s) is not intended: (1) to fulfill a pledge that I/we have already made in my own name or in the name of the church or ministry organization; (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/we 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/we have read the original "Donor Advised Fund Agreement."

Signature _____

Signature _____

Print Name _____

Print Name _____

Date _____

Date _____