

Donor Advised Fund Grant Recommendation

Fund Name: _____ Account #: _____

The undersigned recommend(s) that the United Methodist Foundation of the Northern Illinois Conference, Inc. ("Foundation"), in accordance with the Gift Agreement creating the above named Donor Advised Fund and the Foundation's Policies for the Creation and Operation of Donor Advised Funds, make distributions to the following designated charities (attach additional page; Fund Name will be identified unless "Anonymous? Yes" is circled):

<u>Name & Address of Charity:</u>	<u>\$ Amount or % of Account:</u>	<u>Frequency/Interval:</u>
_____	_____	_____
_____	If Tax ID and website known, please enter below:	
_____	<input type="checkbox"/> Anonymous? Yes	Tax ID#: _____
_____	Website: _____	
_____	_____	_____
_____	If known, please enter below:	
_____	<input type="checkbox"/> Anonymous? Yes	Tax ID#: _____
_____	Website: _____	
_____	_____	_____
_____	If known, please enter below:	
_____	<input type="checkbox"/> Anonymous? Yes	Tax ID#: _____
_____	Website: _____	

The undersigned further recognize(s) that all of the above recommendations are advisory in nature and that the Foundation shall not be bound by the above recommendations.

Advisor Signature: _____ Date: _____

Advisor Name (printed): _____

Advisor Signature: _____ Date: _____

Advisor Name (printed): _____

