



P. O. Box 807, 715 Main Street,
Rochester, Indiana 46975

Phone: (574) 223-2227 ♦ Toll Free: (877) 432-6423
Fax: (574) 224-3709 ♦ info@nicf.org ♦ www.nicf.org

DONOR ADVISED GRANT REQUEST

Name of Fund: _____ Date of Request: _____

I/We request the following distribution(s) be made from the above fund to the following organization in the amount listed below. (Attach additional pages if necessary.)

1) ORGANIZATION/PERSON TO RECEIVE PAYMENT

Name Address/City/State/Zip

Purpose of Grant Special Instructions:

Recommended Amount _____.

I wish this distribution to be ANONYMOUS and for the Fund name NOT to be mentioned in correspondence.

2) ORGANIZATION/PERSON TO RECEIVE PAYMENT

Name Address/City/State/Zip

Purpose of Grant Special Instructions:

Recommended Amount _____.

I wish this distribution to be ANONYMOUS and for the Fund name NOT to be mentioned in correspondence.

I/We acknowledge that the above recommendations do not represent any of the following:

- fulfillment of pledges and/or secure benefits to, at a minimum, donors, advisors, and related parties;
- fulfillment of grants, loans, compensation or similar payments including expense reimbursement to donors, advisors, or related parties; and
- fulfillment of a grant to an individual.

All disbursements are subject to approval by the NICF Board of Directors. A notification letter and check will be sent to the recipient(s) and a copy will remain on file.

Donor/Fund Advisor Printed Name

Donor/Fund Advisor Signature

Address

Daytime Telephone Number

*Send to: Northern Indiana Community Foundation, Inc. * P. O. Box 807 * Rochester, Indiana 46975 * Fax 574.224.3709*