

**DONOR ADVISED FUND  
GRANT RECOMMENDATION REQUEST**

*A Signed Grant Recommendation Form must be submitted, either via fax, email or postal mail, for all requested distributions.*

**NAME OF DONOR ADVISED FUND:** \_\_\_\_\_

As the Advisor to the above-referenced Fund, I recommend that the Mississippi United Methodist Foundation, consider the following grant (one grant per request form):

**Charitable Organization Name:** \_\_\_\_\_

**Charitable Organization Address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact Name/Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Grant Amount:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Purpose: (please check)**

- General Operating Support**  
 **Capital Contribution**  
 **Specific Program/Other** \_\_\_\_\_  
 **I wish for this grant to be anonymous.**

**Special instructions (if any) :** \_\_\_\_\_

I understand that this recommendation is advisory only and that final authority over all distributions made by the Foundation rests with the Mississippi United Methodist Foundation, Inc., whose authority it is to ensure that all grants are made for charitable purposes consistent with Internal Revenue service guidelines and within the mission of the Mississippi United Methodist Foundation. I attest that the recommendation(s) above do not represent payment of a personal financial obligation on behalf of the fund representative(s) donors, advisors, family members, or related parties and businesses they control, and that no tangible benefit, goods or services, such as membership, dinners, tickets, etc. were or will be received by any individual or entities connected with the Fund.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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