



Cumberland Community Foundation, Inc.

308 Green Street • P.O. Box 2345 • Fayetteville, NC 28302

www.cumberlandcf.org

Phone (910)483-4449 • Fax (910)483-2905

DONOR ADVISED FUND GRANT RECOMMENDATION FORM

Fund Name: _____ *Advised Fund*
of Cumberland Community Foundation, Inc.

I/we, Advisor(s), recommend the following grants from the above named fund. I/we understand that the recommended grant distributions cannot represent the payment of a legal obligation of a Donor or Advisor, nor can a Donor or Advisor, nor any related parties, receive any personal benefit from the charitable distribution (such as membership benefits, dues, event tickets, goods bought at auctions, etc.), nor can a Donor or Advisor or related parties receive grants, loans, compensation, or similar payments from a donor advised fund. In addition, I/we understand that approval of these distributions is contingent upon the final recommendation of the Board of Directors of Cumberland Community Foundation, Inc.

Grantee/Organization Name	Purpose/Designations (if other than general support)	Amount	Anonymous Yes/No
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

TOTAL \$ _____

Authorized Fund Representatives must sign according to the Fund agreement.

Signature of Authorized Fund Representative

Date

Grant recommendations are processed twice a month. Upon approval, payment is mailed on or about the 15th and 30th.

Office Use Only:

Confirmed on / / at the <input type="checkbox"/> Board <input type="checkbox"/> Executive Committee meeting. Total Grants \$	Fund ID:
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