

Any donor. Any gift. Any charity.

A grant to a charity will be accompanied by a letter recognizing the donor-advised fund as the source of the grant. You may choose to be recognized, elect to recognize a family member or friend, or make the grant anonymously. If you need assistance, call (352) 751-2166. Return completed form via email to CFWADonors@osaicinstitutions.com.

► Donor-advised fund information

Fund Name			
Account # or Donor of Record Name			

► Recognition for grant

Account Name			
<input type="checkbox"/> Please recognize the original Donor of Record of the donor-advised fund.			
<input type="checkbox"/> Please recognize the following named individual in connection with the grant:			
Full Name			
Street Address		City/State/Zip	
<input type="checkbox"/> Please issue this grant anonymously.			

► Grant amount

Recommend grant amount:	\$	(minimum \$250)	<input type="checkbox"/> Account Closing Grant (Full Value of DAF)
<input type="checkbox"/> I would like this grant to begin processing on the following specified future date (must be one (1) month or more from date of submission of this request: grant: ____/____/____			
<input type="checkbox"/> I would like recurring grants of equivalent amounts to be paid starting: ____/____/____			
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually			
<input type="checkbox"/> I would like recurring grants of equivalent amounts to be paid ending: ____/____/____			

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► Recommended grant recipient**

Name of Recommended Charity*			
Tax ID #			
Street Address*		City/State/Zip*	
Phone Number			
Purpose/Use			
Special Instructions***			

*Required

**Please allow a minimum of ten (10) days processing time.

***This information will not be included on the letter to the charity.

► Acknowledgment

I, the undersigned donor or grant advisor acknowledge that I have read the grant recommendation guidelines set forth in the program circular. I hereby certify that a) neither I nor anyone related to me will receive any benefit from the recommended charitable organization; b) the recommended grant will not pay for membership dues, fees, tuition, benefit tickets, goods, or other services; and c) the grant does not fulfill a pre-existing binding pledge to the recommended charitable organization. I further certify my understanding that my recommendation is advisory only and is subject to the full and exclusive control and discretion of Renaissance Charitable Foundation Inc.

Signature			
Printed Name		Date	