



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):

Table with 3 columns: Name & Address of Charity, \$ Amount or % of Account, Frequency/Interval. Includes sub-sections for tax ID and website information.

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): _____

