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## DONOR ADVISED FUND GRANT RECOMMENDATION FORM

Name of Donor Advised Fund \_\_\_\_\_

*Pursuant to the terms of the Donor Advised Fund that I have established with the Jewish Community Foundation of Greater Mercer, NJ (JCFGM), I hereby recommend the following grants from the income and/or principal (if income is insufficient) of the Fund. Please list only one charity per line. Minimum grant of \$100.*

| Amount                  | Name of Organization                                 | Address<br>(street, city, state, zip code)          | Purpose      |
|-------------------------|--|---|--------------|
| <i>Example</i><br>\$100 | <i>Jewish Community Foundation of Greater Mercer</i> | 457 Nassau Street, Suite 101<br>Princeton, NJ 08540 | Unrestricted |
|                         |  |   |              |
|                         |  |   |              |
|                         |  |   |              |

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|  |  |  |  |

\_\_\_\_\_ Total Amount

*By signing this form, I hereby certify that neither I nor anyone else will receive any benefit from the recommended charitable organization. This includes, for example, payment for dinners, events, and memberships that have a non-deductible portion; school tuition; goods at a charitable auction; or journal ads that promote a business entity. In addition, this grant recommendation is not payment of an enforceable pledge or personal obligation and is not made for lobbying purposes or to support a political campaign.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (street, city, state, zip)