



METHODIST FOUNDATION
OF MISSISSIPPI

Donor Advised Fund Grant Recommendation Request

(Please, Type or Print)

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

Name of Donor Advised Fund: _____

Foundation Account #: _____

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

Charitable Organization Name: _____

Charitable Organization Address: _____

Contact Name/Title: _____

Phone: _____

Grant Amount: _____

I wish for this grant to be anonymous.

Purpose: (please check)

General Operating Support

Capital Contribution

Specific Program/Other _____

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 Methodist Foundation of Mississippi, 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 Methodist Foundation of Mississippi, Inc. 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: _____

W-9 verified