

Mt. Pleasant Area

community foundationSM

Donor Advised Fund Grant Recommendation Form

Name of Fund: _____

- I/We would like to review competitive grant applications submitted to MPACF in May.
- I/We would like to review competitive grant applications submitted to MPACF in September.
- I/We would like to review competitive grant applications submitted to MPACF that address the following areas of community life: _____
- I/We do not intend to make any grant recommendations this calendar year.
- I/We recommend the following grant(s) be made from the above-mentioned fund:

Organization: _____
EIN: _____ Grant Amount: _____
Contact Person: _____
Purpose/Conditions: _____

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I/We acknowledge that the above recommendations do not represent the payment of any pledge or other financial obligation, nor do I/we expect any personal benefit from this charitable distribution.

Fund Representative Signature(s): _____ Print Name(s): _____ Date: _____

The Mt. Pleasant Area Community Foundation has verified that each recommended grantee is an eligible recipient, and that the suggested distribution corresponds with the purpose for which the fund was created and is in accord with the mission of the Community Foundation.

Alysha Pasquali, CEO/COO Date

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