

Grant Recommendation

DAF Account Name:	Account No:		
Recommended Charitable Recipient Information			
Charitable Organization:			
Have you previously recommended a grant to this organizatio	n through your DAF account?		
Contact Name at Charity:Phone:Phone:			
Federal Tax ID:			
Street Address or P.O. Box:			
City:	_ State: Zip:		
Grant Amount (\$250.00 minimum, in increments of \$50)		
(Written)			
Recommended Distribution Allocation			
Recommend the investment portfolios from which the grant should be made, If no portfolio recommendation is made, the grant funds will be drawn as equally as possible from the portfolios in the account.	Growth:%Moderate Growth:%Conservative:%Capital Preservation:%		
 Draw funds from a custom choice of portfolios (see right) 	(total must equal 100%)		
Specify Acknowledgement Options and Special Instructi	ons		
Please issue this grant:			
Anonymously			
In memory of			
In the name of the Donor Advised Fund			
In the name of an individual			
Purpose of grant/special instructions:			

Signature of Account Holder

I acknowledge that I have read the Program Circular. I certify that neither I nor anyone else will receive any goods, services or other private benefit from the charitable organization as result of this grant. This grant does not fulfill a pledge to the recommended charitable recipient. I received a tax deduction for this grant when I contributed funds to The Rotary Foundation. If this grant is going to an educational institution, I understand that the funds are not to follow a particular student.

Required Signature	Date	Optional Signature	Date
Printed Name		Printed Name	
	5	nd this completed form to: ary DAF, c/o NRS	
		eet, Woburn , MA 01801	
	Fax	: (781) 938-0134	
	Email: Ro	otaryDAF@nrstpa.com	

You may also recommend grants through your online account. For assistance, please call (847) 866-3100 or visit www.rotary.org/daf