Clear Form

New Jersey Health
Charitable Gift Fund
A New Jersey Health Affiliate

Donor-Advised Fund – Grant Recommendation Form

Please complete this form to recommend a grant of $250 or more from your donor-advised fund. Additional forms are available at **www.njhealthcharitable.org** or by calling 908-315-5870. Mail completed form to: New Jersey Health Charitable Gift Fund, 155 Village Blvd, Suite 130, Princeton, NJ 08540.

1. Fund Information

Fund Name: _____

Primary Advisor: _____

2. Grant Recommendation

Amount $_____ (**minimum $250**)

Charity Name: _____

Address: _____

City: _____ State _____ Zip _____

Contact Name: _____ Phone # _____

Grant Purpose: _____

Recurrence

Is this grant is to be issued on a recurring basis? ◯ Yes ◯ No

If yes, indicate recurring interval: ◯ Quarterly ◯ Semi-annually ◯ Annually

Start date _____ End Date _____

Recurring amount $ _____

Recognition

A letter accompanying your grant will be sent to your selected charity. Please indicate your preference for recognition.

- ◯ Recognize Fund Name only
- ◯ Recognize Fund Name and Donor Name _____
- ◯ Anonymous
- ◯ In Honor Of, or In Memory Of _____

3. Acknowledgement of Terms and Signature

By signing below, I acknowledge that this is a recommendation and not a direction. I understand that New Jersey Health Charitable Gift Fund reviews all grants to ensure that the organization is a qualified charity under IRS regulations, and that the purpose of the grant is charitable in nature. New Jersey Health Charitable Gift Fund may deny my grant recommendation.

I acknowledge that this grant is not intended to:

- Fulfill an existing pledge (an existing pledge is one made before this grant has been approved)
- Acquire a benefit, good or service for any specific individual or myself
- Pay for dues, membership fees, or tuition
- Support a political campaign or lobbying activity
- Support a private non-operating foundation

Form must be signed by the Primary, Joint or Secondary Advisor.

_____ _____

Signature Date

_____

Print Name

Please indicate:

Primary Advisor
Joint Advisor
Secondary Advisor

Please return this completed form by mail to:

New Jersey Health Charitable Gift Fund
155 Village Blvd, Suite 130 / Princeton, NJ 08540