

The Steward's Donor-Advised Fund Grant Request



Thank you for your support of ministries and other charitable causes! To recommend a grant, please complete this form and return it by email, fax or mail to the Christian Church Foundation (Foundation). Your grant requests are subject to review and approval by the Foundation.

Fund Name: _____

Section 1: Beneficiary Information

Grants are limited to 501(c)(3) organizations.

Charity Name: _____

Mailing Address: _____
Street City State Zip

Section 2: Recommended Amount & Designation

The minimum amount per grant is \$250. If designated use is blank, the grant will be labeled 'Undesignated'.

Grant Amount: \$_____ (Distributed at each date selected in Section 3)

Designated Use (Optional): _____

Anonymous – Please select if you do not want the account name disclosed to beneficiary.

Section 3: Grant Frequency

Grants received and approved by the 20th of a month will be eligible for distribution at the beginning of the following month.

One-Time Grant

Recurring Grant

Frequency:

Quarterly Beginning Month _____ Year _____

Semiannually Beginning Month _____ Year _____

Annually Beginning Month _____ Year _____

Duration:

Until the Foundation is notified of a change or account balance has been fully distributed

Number of distributions _____

By signing below, I acknowledge that:

- No individual will receive any "impermissible benefit" in connection with this request. This includes, but is not limited to, tickets or admission to events that would otherwise have an admission charge, admission to groups that would otherwise have dues, or any good or service that, if rendered or received in exchange for a donation would reduce the donor's charitable deduction.
- No individual will claim a charitable deduction for distributions made from this account, even if the recipient charity erroneously sends a valid receipt for a gift from the account.
- The distribution will not support a scholarship where I, or other advisors, have a role in selecting the recipient of the scholarship or anyone related to me (or other advisors) is an eligible recipient.

Signature: _____ Date: _____

If you have any questions about this form, call us at 800-668-8016.

Please return completed form by one of the follow methods:

Mail: Christian Church Foundation P.O. Box 1007 Indianapolis, IN 46206-1007	Fax: (317) 635-1991 Email: gifts@ccf.disciples.org
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