



Shasta Regional
COMMUNITY FOUNDATION
for good. for ever. sm

Donor-Advisor Grant Recommendation Form

E-Mail, mail, or fax this form to:

Shasta Regional Community Foundation
1335 Arboretum Drive, Suite B
Redding, CA 96003
(530) 244-1219
(530) 244-0905 – fax

amanda@shastarcf.org

| |
|--|
| Name of Fund: |
| |
| Name of Advisor(s): |
| |
| |
| Grant Amount: \$ |
| |
| Charitable Organization: |
| |
| Address: |
| |
| |
| Contact Name: |
| |
| Phone Number: |
| |
| If you wish for this grant to be anonymous please check here- |
| |
| Purpose of Grant: |
| |
| Notes: |
| |
| |
| I attest that the recommendation above does not represent payment of a pledge or other personal financial obligation on behalf of the fund representative(s), family member(s), or businesses we control; and that no tangible benefit, goods or services, such as membership, dinners, tickets, advertisements, etc. were or will be received by any individual or entity connected with the Fund; and donors, advisors or related parties are not receiving grants, loans, compensation or similar payments from donor advised funds. |

Signature or e-mail address of advisor:

Date:
