Grant Recommendation Form

Fund Name: _________________________________________________ Fund #: ______________________

In accordance with the terms of the above-named Donor Advised Fund established at the Jewish Federation
Foundation of the Jewish Alliance of Greater Rhode Island, it is suggested that you pay out of the income and, if
necessary, out of the principal, the following amount(s) to the following organization(s):

Name of Organization        Amount

Address

City, State, Zip Code

Comments

Name of Organization        Amount

Address

City, State, Zip Code

Comments

Name of Organization        Amount

Address

City, State, Zip Code

Comments

Please note: All distributions must be made in multiples of either $50 or $18 (chai) and each distribution must
be a minimum of $50. The above suggested distribution(s) do not represent payment of any legally binding
pledge, financial obligation, or payment in return for goods or services provided to any party, and no member of
my family, including myself, will receive a personal benefit from this suggested distribution.

Recommended By (please print)

Signature                  Date