



401 Elmgrove Avenue | Providence, RI 02906 | jewishallianceri.org

Grant Recommendation Form

Date ____/____/____

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