

Combined Jewish Philanthropies

Kraft Family Building | 126 High Street, Boston, MA 02110-2700 | T 617.457.8500 | F 617.507.7899 | cjp.org

GRANT RECOMMENDATION FORM

Date ____ / ____ / ____

Fund Name _____

Fund # _____

In accordance with the terms of the above-named Donor Advised Fund established at CJP, 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: Only three (3) organizations per form. 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 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. I understand that these distributions do not constitute a deductible charitable contribution. Primary funding of these grants is from the _____ fund.

RECOMMENDED BY (PLEASE PRINT) _____

SIGNATURE _____

DATE _____