



THE RHODE ISLAND FOUNDATION

One Union Station • Providence • RI • 02903 • (401) 274-4564 • www.rifoundation.org

Donor Advised Fund Grant Recommendation Form

Please use this form to recommend grants from a Donor Advised Fund at The Rhode Island Foundation. Complete all sections for each recommendation, check for accuracy, affix your signature as required in the appropriate space on the second page, and mail or fax to Gift Planning and Stewardship, The Rhode Island Foundation, One Union Station, Providence, RI 02903. Questions? (401) 274-4564. Thank you.

NAME OF DONOR ADVISED FUND:

NAME OF ADVISOR(S) MAKING GRANT RECOMMENDATIONS:

YES, I'D LIKE TO PROVIDE UNRESTRICTED SUPPORT TO THE FUND FOR RHODE ISLAND

To support The Rhode Island Foundation's discretionary grants program, addressing the region's most critical issues with a focus on policy, advocacy and systems reform, organizational leadership and development, and innovative models and proven programs.

GRANT AMOUNT \$250 \$500 \$1,000 \$ _____

No, thank you, not at this time.

YES, I'D LIKE TO PROVIDE UNRESTRICTED SUPPORT TO THE RHODE ISLAND FOUNDATION for the RHODE ISLAND SCHOLARSHIP ASSISTANCE FUND

To provide scholarship support to RI residents in need of financial assistance with their education.

GRANT AMOUNT \$250 \$500 \$1,000 \$ _____

No, thank you, not at this time.

*As a Fund Advisor, I recommend the following grant(s) for consideration by
The Rhode Island Foundation's Board of Directors:*

RECOMMENDATION # 1

AGENCY NAME

ADDRESS

CONTACT NAME AND TITLE

TELEPHONE _____ **GRANT AMOUNT** _____

PURPOSE (if other than general support)

ANY SPECIAL INSTRUCTIONS? Check if FUND is Anonymous. Check if ADVISOR is Anonymous.

RECOMMENDATION # 2

AGENCY NAME

ADDRESS

CONTACT NAME AND TITLE

TELEPHONE _____ **GRANT AMOUNT** _____

PURPOSE (if other than general support)

ANY SPECIAL INSTRUCTIONS? Check if FUND is Anonymous. Check if ADVISOR is Anonymous.

RECOMMENDATION # 3

AGENCY NAME

ADDRESS

CONTACT NAME AND TITLE

TELEPHONE _____ **GRANT AMOUNT** _____

PURPOSE (if other than general support)

ANY SPECIAL INSTRUCTIONS? Check if FUND is Anonymous. Check if ADVISOR is Anonymous.

RECOMMENDATION # 4

AGENCY NAME

ADDRESS

CONTACT NAME AND TITLE

TELEPHONE _____ **GRANT AMOUNT** _____

PURPOSE (if other than general support)

ANY SPECIAL INSTRUCTIONS? Check if FUND is Anonymous. Check if ADVISOR is Anonymous.

I understand that final judgment on these recommendations rests in the hands of the Board of Directors of The Rhode Island Foundation, whose charge it is to see that all distributions are consistent with the purposes of The Rhode Island Foundation. I certify that the acceptance of any or all of these recommendations and the payment, if any, of such distributions, do not represent the payment of any legally enforceable pledge or obligation, and that I will not receive or accept any goods, services, or non-tax deductible membership benefits in connection with any such payment made by The Rhode Island Foundation.

SIGNATURE OF ADVISOR (REQUIRED)

DATE

Please mail or fax this recommendation form to Gift Planning and Stewardship
The Rhode Island Foundation ▪ One Union Station ▪ Providence ▪ Rhode Island ▪ 02903
Fax: (401) 751-7983 ▪ Voice: (401) 274-4564 ▪ philanthropy@rifoundation.org