



DONOR ADVISED FUND ONE TIME GRANT RECOMMENDATION

DONOR ADVISED FUND NAME

RECOMMENDED GRANT(S) <i>(Identify the charities you wish to support)</i>			
Charitable organization name	For the ministries of/project fund	Gift amount or % of the total	Stay anonymous?
		\$	% <input type="checkbox"/> Yes / <input type="checkbox"/> No
		\$	% <input type="checkbox"/> Yes / <input type="checkbox"/> No
		\$	% <input type="checkbox"/> Yes / <input type="checkbox"/> No
		\$	% <input type="checkbox"/> Yes / <input type="checkbox"/> No
		\$	% <input type="checkbox"/> Yes / <input type="checkbox"/> No
		\$	% <input type="checkbox"/> Yes / <input type="checkbox"/> No
		\$	% <input type="checkbox"/> Yes / <input type="checkbox"/> No
		\$	% <input type="checkbox"/> Yes / <input type="checkbox"/> No
		\$	% <input type="checkbox"/> Yes / <input type="checkbox"/> No
		\$	% <input type="checkbox"/> Yes / <input type="checkbox"/> No
TOTAL:		\$	%

ADDITIONAL INFORMATION <i>(Include any special instructions)</i>

By signing below, I/we acknowledge that:

- my/our recommendation(s) are provided in an advisory role only. Legacy Ministry Services (Legacy) will make every effort to honor my/our recommendation(s), but I/we understand that the funds are the property of Legacy.
- this grant(s) is not intended: (1) to reference the fulfillment of a pledge that I have already made in my name or the name of the church or ministry organization; (2) to pay for memberships or tickets to galleries, museums, or public broadcasting station, goods at charitable auctions, school tuition, benefit events, or other goods or services; (3) to benefit myself or a specific individual; (4) to support political campaigns or for lobbying activities; or (5) to support a private non-operating foundation and/or some supporting organizations.
- I/we received a tax-deductible gift receipt for donating to the above-named Donor Advised Fund. Therefore, any subsequent receipt issued by the grant recipient will not be used for a charitable deduction.
- I/we have read the original "Donor Advised Fund Agreement."

Signature _____
 Print Name _____
 Date _____

Signature _____
 Print Name _____
 Date _____

Please send completed forms to:
 Legacy Ministry Services, 2250 Chaney Rd., Dubuque, IA 52001
 info@bssmatters.com