

Donor-Advised Fund Program

Instructions

Please complete this form and fax to 415.449.6322 or enter online at www.Horizonsfoundation.org/daf
The grant approval process and delivery of funds to the intended charity may take between five to ten business days.

Account Information

DONOR'S NAME _____
MR./ MS. FIRST INITIAL LAST

FUND NAME _____

Grant Recommendation and Acknowledgement

I/We recommend a grant in the amount of \$_____ (minimum \$250) be made from the above named fund to the following charitable organization:

CHARITABLE ORGANIZATION (OFFICIAL NAME) _____

ADDRESS _____

(GRANTS ARE MAILED DIRECTLY TO THE CHARITABLE ORGANIZATION)

CITY STATE ZIP

CONTACT PERSON AT ORGANIZATION _____ CONTACT PHONE _____

ORGANIZATION'S TAX ID (EIN) NUMBER (IF KNOWN) _____

ORGANIZATION'S WEBSITE (IF KNOWN) _____ EMAIL (IF KNOWN) _____

THIS GRANT IS INTENDED FOR _____

(SPECIAL PURPOSE, IF ANY, SUCH AS A PARTICULAR PROJECT, ANNUAL FUND, ETC.)

GRANT RECURRENCE Yes No If yes, indicate recurrence interval: Quarterly Biannually Annually

INDICATE START DATE _____ END DATE _____

GRANT ACKNOWLEDGEMENT

A letter accompanying your grant will be sent to your selected charity. Please indicate your preference for recognition or anonymity:

- RECOGNIZE FUND NAME ONLY
- RECOGNIZE FUND NAME AND DONOR NAME(S) _____
- OTHER RECOGNITION (IN HONOR OF, IN MEMORY OF) _____

Required Signature

By signing below, I/we acknowledge that this grant is not intended to: Fulfill an existing pledge (an existing pledge is one made before this grant has been approved by the fund); acquire a benefit, good, or service for any specific individual or myself; pay for dues, membership fees, tuition, goods from a charitable auction, or other goods or services; support a political campaign or lobbying activity; support a private non-operating foundation.

I understand that this is a recommendation and not a direction. I understand that Horizons reviews all grants to ensure that the organization is a legitimate charity under IRS regulations, and that the purpose of my grant is charitable in nature. Horizons may deny my grant recommendation if the grant does not meet the criteria for approval.

DONOR SIGNATURE _____ DATE _____