



## DONOR ADVISED FUND GRANT RECOMMENDATION FORM

Please use this form to recommend grants from your Donor Advised Fund at the Aspen Community Foundation. After completing all sections for each recommendation, please sign in the appropriate space and fax, mail, or email to:

Aspen Community Foundation  
110 East Hallam Street, Suite 126, Aspen, CO 81611  
Phone (970) 925-9300 or Fax (970) 920-2892  
deborah@aspencommunityfoundation.org

Name of Donor Advised Fund: \_\_\_\_\_

Name of Advisor Making Recommendation(s): \_\_\_\_\_

As advisor to the above Fund I/we recommend that the Aspen Community Foundation Board of Directors consider the following grants:

Grant Recipient: _____
Grant Amount: (minimum of \$250) \$ _____
Purpose: _____
Special Instructions: _____
<i>Below contact information is only needed for nonprofits <u>outside</u> of the Aspen to Parachute area</i>
Address (where to mail Grant): _____
Contact name and title: _____
Phone: _____

Grant Recipient: _____
Grant Amount: (minimum of \$250) \$ _____
Purpose: _____
Special Instructions: _____
<i>Below contact information is only needed for nonprofits <u>outside</u> of the Aspen to Parachute area</i>
Address (where to mail Grant): _____
Contact name and title: _____
Phone: _____

**I confirm that this grant is not a fulfillment of a personal pledge nor is it a grant for which I will receive a tangible benefit such as dinners, events, and memberships that have a non-deductible portion; goods at a charitable auction; or for lobbying purposes or to support political campaigns.**

\_\_\_\_\_  
SIGNATURE OF ADVISOR

\_\_\_\_\_  
DATE