

A grant to a charity will be accompanied by a letter recognizing your fund as the source of the grant. You may choose to be recognized, elect to recognize a family member or friend, or make the grant anonymously. If you need assistance, call [913-310-0279](tel:913-310-0279).

## Instructions

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### Return completed forms to:

**Mail or Overnight Delivery:**

The Signatry  
7171 W. 95th Street, Suite 501  
Overland Park, KS 66212

**Fax:**

913-227-0254

**Email:**

[donorcare@thesignatry.com](mailto:donorcare@thesignatry.com)

## Donor Advised Fund Information

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Fund Name

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Fund ID

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## Recommended Grant Recipient

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Name of Recommended Charity

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Address

Street

City

State

Zip

Phone

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Website

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Special Instructions

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Purpose/Use

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Tax ID # (If available)

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Grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit.

## Grant Amount

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Recommend grant amount: \$

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Minimum \$100

I would like this grant to be issued on the following specified future date:

Must be one (1) week or more from date of submission of this request

I would like recurring grants of equal amounts to be paid beginning on (date):

Monthly

Quarterly

Other

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## Recognition for Grant

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How do you want to be recognized?

Include the following

Name of the Fund

Donor of Record

Include Donor Address

Special recognition:

In honor of: \_\_\_\_\_

On behalf of: \_\_\_\_\_

In celebration of: \_\_\_\_\_

Please issue this grant anonymously.

## Acknowledgment

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I, the authorized signer acknowledge that I have read the grant recommendation guidelines set forth in the The Signatry User Agreement. I hereby certify that a) neither I nor anyone related to me will receive any benefit from the recommended charitable organization; b) the recommended grant will not pay for membership dues, fees, tuition, benefit tickets, goods, or other services; and c) the grant does not fulfill a pre-existing binding pledge to the recommended charitable organization. I further certify my understanding that my recommendation is advisory only and is subject to the full and exclusive control and discretion of The Signatry.

Authorized Signer Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_