



Roman Catholic Foundation
of
EASTERN MISSOURI

Donor-Advised Fund Grant Recommendation Form

Date:* _____ Name of Fund:* _____

Charity Name (Grantee):* _____ Website: _____

Address:* _____

City, State, Zip:* _____ EIN/Tax ID#: _____

Contact Name: _____

Title: _____

Email Address: _____

Phone: _____

Grant Amount:* _____

Advisor Anonymous

Program Name: _____

Fund Anonymous

Grant Purpose: _____

Special Request: _____

*required field

As advisor, I recommend making this grant from this Donor-Advised Fund. I acknowledge that the grant recommendation to a qualified charity (grantee) must receive approval from the Roman Catholic Foundation. It is my belief that the mission and activities of the grantee do not conflict with the teachings of the Catholic Church. In accordance with IRS regulations, I affirm that: The recommended grant does not fulfill any portion of a pledge or other financial obligation of the advisor. And the recommended grant does not provide in return any goods or services or non-tax deductible benefit to advisor(s) or their family members.

I Agree

Signature Date

Print Name

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