Donor Advised Fund

Grant Recommendation Request

Questions or Need Assistance?

Call (909) 738-4000 or email info@bfcal.ord



Call (909) 738-4000 or email info@bfcal.org **Donor Advised Fund Account Information** Donor Advised Fund Account Number Donor Advised Fund Name 2. Charitable Recipient Legal or Official Name of Charitable Organization Charitable Organization's Telephone Number Federal Tax ID Number Mailing Address Contact Name City, State, Zip Contact Email **Grant Details** Additional information for the Foundation Staff Grant Amount (minimum of \$250) Make this an anonymous gift NOTE: The Foundation may contact you to confirm this information. The Grant Award Letter may include language to Additional Information for the receiving charity (please note indicate the Account Holder's wish to waive restrictions below) any benefit associated with this grant. 4. Restrictions on Grants Before you make your recommendation, please review a charitable contribution, would reduce an Account Holder's these grant restrictions in relation to your grant request: charitable deduction. It will not fulfill a pre-existing pledge to the recommended • It will not be used for lobbying, political contributions or to support political campaign activities. Neither the donor nor any individual will receive any goods, I cannot deduct the grant as I have already deducted my gift to The Foundation. I will disregard any tax receipt from the services, or other private benefit from the charitable organization as a result of this grant. This means grants may recommended charity. not be used to provide any portion of admission to any It will not support a private non-operating foundation. charitable event or other benefit functions when the Account It will not support a scholarship if any Account Holder or Holder would receive a quid pro quo, such as the value of a Advisor to this Account (or any relative) is an eligible dinner or the privilege to attend, that if received in return for recipient or has a role in selecting the scholarship recipient 5. Signature & Delivery Instructions By my signature below I certify that the grant sought by this request shall not be in violation of the restrictions noted above and is otherwise subject to the terms and conditions of the Donor Advised Fund Agreement. Signature Signature

Name (please print)

Date

Send Grant Applications to: Mail: The Baptist Foundation of California

Name (please print)

Date

Email: info@bfcal.org (preferred) 3210 E. Guasti Road, Ste 640,Ontario, CA 91761