



A grant to a charity will be accompanied by a letter recognizing the donor advised 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 800-584-8946. Return completed form to **heart@reninc.com** or fax to **877-222-1829**.

DONOR ADVISED FUND INFORMATION				
Fund name				
Account # or Donor of Re	cord SSN			
RECOGNITION FOR GRANT				
Account name:				
		Record of the donor advised fund. individual in connection with the	grant:	
Full name				
Street address		City/State/Zip		
□ Please issue this grant anonymously.				
GRANT AMOUNT				
Recommend grant amount: \$(minimum \$250) I would like this grant to be issued on the following specified future date (must be one (1) month or more from date of submission of this request):/ I would like recurring grants of equivalent amounts to be paid starting:/ _/ Monthly				
RECOMMENDED GRANT RECIPIENT				
Name of recommended ch	arity			
Street address			City/State/Zip	
Phone number	()	Email		
Special instructions				
Purpose/Use				
Tax ID #				
I, the undersigned donor or grant advisor acknowledge that I have read the grant recommendation guidelines set forth in the program circular. 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 Renaissance Charitable Foundation Inc.				
Signature				
Printed Name			Date	