



The Morton Community Foundation

135 S First Ave • Morton • IL • 61550 • (309) 291-0434

Donor Advised/Choice Fund Grant Recommendation Form

Please use this form to recommend grants from a Donor Advised/Choice Fund at The Morton Community Foundation. Complete all sections for each recommendation, check for accuracy, affix your signature as required in the appropriate space on the second page, and mail or fax to The Morton Community Foundation, 105 E. Jefferson Street, Morton IL 61550. Questions? (309) 291-0434. Thank you.

NAME OF DONOR ADVISED/CHOICE FUND:

NAME OF ADVISORS MAKING GRANT RECOMMENDATIONS:

YES, I'D LIKE TO PROVIDE SUPPORT TO THE OPERATIONS FUND for the Morton Community Foundation - To support the ongoing internal costs of operating the Morton Community Foundation and to support the growth of its activities.

GRANT AMOUNT \$100 \$250 \$500 OTHER \$ _____

No thank you, not at this time.

YES, I'D LIKE TO PROVIDE UNRESTRICTED SUPPORT TO THE MORTON COMMUNITY FUND - To support the Morton Community Foundation's discretionary grants program, addressing Morton's most critical needs, as determined by the Foundation's Board of Trustees.

GRANT AMOUNT \$100 \$250 \$500 OTHER \$ _____

No thank you, not at this time.

**As a Fund Advisor, I recommend the following grant(s) for consideration by
The Morton Community Foundation's Board of Directors:**

RECOMMENDATION #1

AGENCY NAME (Must be 501(c)(3) charitable organization):

ADDRESS:

CONTACT NAME AND TITLE:

TELEPHONE: _____ GRANT AMOUNT (Min. \$250): _____

PURPOSE (If other than general support)

ANY SPECIAL INSTRUCTIONS? Check if FUND is Anonymous. Check if ADVISOR is Anonymous.

(More on back)

RECOMMENDATION #2

AGENCY NAME (Must be 501(c)(3) charitable organization):

ADDRESS:

CONTACT NAME AND TITLE:

TELEPHONE: _____ GRANT AMOUNT (Min. \$250): _____

PURPOSE (If other than general support)

ANY SPECIAL INSTRUCTIONS? Check if FUND is Anonymous. Check if ADVISOR is Anonymous.

RECOMMENDATION #3

AGENCY NAME (Must be 501(c)(3) charitable organization):

ADDRESS:

CONTACT NAME AND TITLE:

TELEPHONE: _____ GRANT AMOUNT (Min. \$250): _____

PURPOSE (If other than general support)

ANY SPECIAL INSTRUCTIONS? Check if FUND is Anonymous. Check if ADVISOR is Anonymous.

RECOMMENDATION #4

AGENCY NAME (Must be 501(c)(3) charitable organization):

ADDRESS:

CONTACT NAME AND TITLE:

TELEPHONE: _____ GRANT AMOUNT (Min. \$250): _____

PURPOSE (If other than general support)

ANY SPECIAL INSTRUCTIONS? Check if FUND is Anonymous. Check if ADVISOR is Anonymous.

I understand that final judgment on these recommendations rests in the hands of the Board of Directors of The Morton Community Foundation, whose charge it is to see that all distributions are consistent with the purposes of The Morton Community Foundation. I certify that the acceptance of any or all of these recommendations and the payment, if any, of such distributions, do not represent the payment of any legally enforceable pledge or obligation, and that I will not receive or accept any goods, services, or non-tax deductible membership benefits, nor enjoy any other personal benefit in connection with any such payment made by The Morton Community Foundation.

SIGNATURE OF ADVISOR (REQUIRED)

DATE:

Please mail or fax this recommendation form to The Morton Community Foundation
135 S 1st Ave • Morton • Illinois • 61550
(309) 291-0434 • info@mortoncommunityfoundation.