



www.QCCommunityFoundation.org

|                                      |                           | (Name of Donor Advised Fund   | )                       |                 |  |
|--------------------------------------|---------------------------|---|-------------------------|-----------------|--|
| TO: The E                            | Board of Directors/Quad   | Cities Community Foundation   |                         |                 |  |
|                                      |                           | , I recommend that the Board of E<br>ant to the nonprofit organization a  |                         | •               |  |
| Grant Amour                          | nt:                       |   |                         |                 |  |
| Organization                         | :                         |   |                         |                 |  |
| Grant Purpos                         | se:                       |   |                         |                 |  |
|                                      | Phone                     |   |                         |                 |  |
|                                      | Address                   | City  | State                   | Zip             |  |
|                                      | Contact Name              |   |                         |                 |  |
| ☐ I wish for                         | this grant to be anonymo  | ous.  |                         |                 |  |
| that the Com<br>that provide         | munity Foundation will ir | n, I acknowledge that it does not after that I deed to the grant recipient that I deed benefit to me or my family, including ees. | cline to receive any go | ods or services |  |
| I understand                         | that this is a recommend  | dation only, and not a direction.   |                         |                 |  |
| Signature of Authorized Fund Advisor |                           |   | Date                    |                 |  |