**POISE Foundation**

**Two Gateway Center, Suite 1700**

**603 Stanwix Street**

**Pittsburgh, PA 15222**

# Phone: (412) 281-4967 Fax: (412) 562-0292

### Donor Advised Grant Fund Recommendation for 2019

|  |  |
| --- | --- |
| **Fund Name** |  |
| **Amount of Grant** |  |
| **Name and Contact Information of Recipient Organization (include contact name/phone)** |  |
| **Purpose of Grant**  |  |

I recommend that The POISE Foundation review and approve the above distribution from my fund. I understand that federal tax laws require that all grant recommendations receive ultimate approval by the Foundation’s Board of Directors whose responsibility it is to ensure that all distributions meet the regulations of the Internal Revenue Code. The recommendations do not represent the payment of any legally enforceable pledge or obligations, and I will not receive any tangible benefits from the grantee organization that are conditioned on or a result of the distribution, including any goods, services, compensation, other remuneration, or membership benefits.

Donor’s Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Contact Information

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