

THE AMERICAN GIFT FUND

GRANT RECOMMENDATION

Recommended Charities and Grants

1. _____

Name of Public Charity

Address - Street & Number

City, State & Zip Code

Phone Number

Choose one:

A. Lump sum grant: \$ _____

B. Pay _____% of account value annually

C. Other _____

2. _____

Name of Public Charity

Address - Street & Number

City, State & Zip Code

Phone Number

Choose one:

A. Lump sum grant: \$ _____

B. Pay _____% of account value annually

C. Other _____

Areas of Charitable Interest

- Instead of recommending a specific charity, you may instead or, in addition, recommend one or more areas of charitable interest listed on the Gift Fund's current list of categories of charitable interest.

Please check one of the following:

Drug & Alcohol Dependence

Environment

Medical Research

Education

Health Care

Poverty

Choose one:

A. Lump sum grant: \$ _____

B. Pay _____% of account value annually

C. Other _____

Anonymity - If you do not wish your identity disclosed to the charities to which grants are to be made, check here .

SIGNATURES

Advisor

Signature

Date

Name of Co Advisor

Signature

Date

Address - Street & Number

City, State & Zip Code