

The Greater New Orleans Foundation
Donor Advised Grant Recommendation Form

To: The Greater New Orleans Foundation
1055 St. Charles Avenue, Suite 100
New Orleans, LA 70130
Phone (504) 598-4663 Fax (504) 598-4676
www.gnof.org

Fund Name _____

I (we) recommend the approval of the following distributions by the Board of Trustees. I (we) understand that the final judgment rests in the hands of the Board, whose charge it is to see that all distributions are within the purposes of The Greater New Orleans Foundation. I (we) acknowledge that the requested recommendations do not represent the payment of any legally enforceable pledge nor does the undersigned expect any goods or services as a result of this charitable distribution. *\$100 is the minimum grant recommendation.*

Signature of Advisor(s)

Date

E-mail and/or Phone Number of Advisor(s) (if needed for further information)

RECOMMENDED ORGANIZATIONS

SUGGESTED GIFT AMOUNT

1. Organization Name _____ \$ _____
Mailing Address _____ Anonymous Grant
 yes no
City, State, Zip _____
Phone _____ Website _____ Tax ID Number: _____
Special Instructions/Grant Designation _____

2. Organization Name _____ \$ _____
Mailing Address _____ Anonymous Grant
 yes no
City, State, Zip _____
Phone _____ Website _____ Tax ID Number: _____
Special Instructions/Grant Designation _____

3. Organization Name _____ \$ _____
Mailing Address _____ Anonymous Grant
 yes no
City, State, Zip _____
Phone _____ Website _____ Tax ID Number: _____
Special Instructions/Grant Designation _____