HOPE Grant Planning and Authorization Form

I recommend the following grants from _____ (name of fund) my donor advised fund at Hope Christian Community Foundation during _____ (year). I understand that the final approval of my grant recommendation rest with the Hope Board whose charge it is to see that all grants are within the charitable purpose of the Foundation. These recommendations do not represent payment of a personal pledge or any other financial obligation nor will these grant be used for a purpose not permitted by the IRS such as dues or membership fees, tickets, political contributions or any purpose that confers a benefit to any individual such as tuition payments.

Signature _____ Telephone _____

Email _____ Date _____

Name of Agency + Address	Frequency*	Amount

*Frequency: Indicate one time payments (with a date), monthly, quarterly or annually - unless other wise indicated, grants will be made at end of the period specified.

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