

The Greater New Orleans Foundation  
Donor Advised Grant Recommendation Form

To: The Greater New Orleans Foundation  
919 St. Charles Avenue  
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 \_\_\_\_\_