



Complete this form to recommend a grant of **\$250 or more** from your donor advised fund to support a public charity. Additional forms are available at www.nptrust.org. For assistance, please contact National Philanthropic Trust (NPT) toll-free at **(888) 878-7900**.

1. Donor Advised Fund

Fund Name: _____

Primary Advisor: _____

2. Charity

Charity Name: _____

Address: _____

City/State/Zip: _____

Employer Identification Number (if known)

Contact Name: _____

() - _____
Telephone Number

3. Amount

Distribution Amount (\$250 minimum): _____

4. Purpose

- Unrestricted (Default if no box is checked)
- General Operating Expenses
- Special Project
- Other (please specify): _____
- Capital Expenditure

5. Recognition

A letter accompanying your grant will be sent to your selected charity. Please indicate your preference for recognition.

- Recognize Fund Name Only (Default if no box is checked)
- Recognize Fund Name and Donor(s): _____
- Anonymous
- Other (In Honor of, In Memory of): _____

6. Timing of Grant

- Issue the approved grant on a recurring basis as indicated below for the amount listed in **Section 3**.
(Note: Recurring grants may be discontinued for insufficient funds, or if a notice to suspend is received.)

Beginning: ____/____/____ End: ____/____/____ Quarterly Semi-Annually Annually
(month/day/year) (month/day/year)

7. Acknowledgement of Terms

I understand that this is a recommendation and not a direction. I further understand that National Philanthropic Trust (NPT) reviews all grants to ensure that the organization is a qualified charity under IRS regulations, and that the purpose of the grant is charitable in nature. NPT may deny a recommendation if the grant does not meet criteria for approval. By signing below, I acknowledge that this grant is not intended to:

- Fulfill an existing pledge. (An existing pledge is one made before this grant has been approved by NPT.)
- Acquire more than an incidental benefit, good or service for any specific individual or myself.
- Pay for dues, membership fees, tuition, goods from charitable auction, or other goods or services.
- Support a political campaign or lobbying activity.
- Support an individual.
- Support a private non-operating foundation.

Primary/Joint/Secondary Advisor Signature

Date (month/day/year)

8. Return this completed form to:

Mall: National Philanthropic Trust,
165 Township Line Road, Suite 150
Jenkintown, PA 19046

Fax: (215) 277-3029