HOPE CHRISTIAN COMMUNITY FOUNDATION GRANT PLANNING & 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 rests with the Board of HCCF whose charge it is to see that all grants are within the charitable purposes of the Foundation. These recommendations do not represent payment of a personal pledge or any other financial obligation nor wiil these grants be used for a purpose not permitted by the IRS such as dues or membership fees, tickets, poilitical contributions, or any purpose that confers a benefit to any individual such as tuition payments.

Signature_____ Tel:_____E-mail_____Date_____

Name of Agency / Address	Frequency*	Amount

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