

NAME OF DONOR ADVISED FUND

Pursuant to the terms of my Donor Advised Fund with the Jewish Community Foundation of Los Angeles, I hereby recommend the following grant be made from the Fund.

Minimum Grant: \$100

Organization Name & Address	Grant Note
	Amount

I certify that neither I nor anyone else may receive any impermissible benefit from a recommended grant to this charitable organization (e.g., satisfaction of a financial obligation, tuition, memberships that have a non-deductible portion, admission to charitable events that have a non-deductible portion, auction goods or services, and raffle tickets). I understand that The Foundation does not make grants for non-charitable purposes or that are inconsistent with its mission, to individuals or private foundations, or for lobbying or political campaigns. I acknowledge that I cannot claim a charitable deduction for grants made by The Foundation.

Donor Signature

Printed Donor Name

Date

Daytime Phone Number

Email

Please submit one copy of this form (i.e., if faxing, please do not mail also).
Please do not attach enclosures from the organization.

JEWISH COMMUNITY FOUNDATION OF LOS ANGELES
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