



The American Gift Fund Grant Recommendation

RECOMMENDED CHARITIES AND GRANTS

1. Name of Public Charity: _____
 Address - Street & Number _____ City _____
 State _____ ZIP Code _____ Charity EIN _____
 Charity Contact _____ Phone Number _____
 Special Instructions: _____

Chose one:

A. Lump sum grant: \$ _____ C. Other _____
 B. Pay _____ % of account value annually

2. Name of Public Charity: _____
 Address - Street & Number _____ City _____
 State _____ ZIP Code _____ Charity EIN _____
 Charity Contact _____ Phone Numbers _____
 Special Instructions: _____

Chose one:

A. Lump sum grant: \$ _____ C. Other _____
 B. Pay _____ % of account value annually

AREAS OF CHARITABLE INTEREST

Instead of recommending a specific charity, you may instead or, in addition, recommend one or more areas of charitable interest listed on the Gift Fund's current list of categories of charitable interest.

Please check one of the following:

Drug & Alcohol Dependence	Medical Research	Health Care
Environment	Education	Poverty

Choose one:

A. Lump sum grant: \$ _____ C. Other _____
 B. Pay _____ % of account value annually: Special Instructions _____

SIGNATURES

Name of DAF

_____ Fund Advisor	_____ Signature	_____ Date
-----------------------	--------------------	---------------

_____ Co-Fund Advisor	_____ Signature	_____ Date
--------------------------	--------------------	---------------

_____ Address - Street & Number	_____ City, State & Zip Code
------------------------------------	---------------------------------

ANONYMITY - If you do not wish your identity disclosed to the charities to which grants are to be made, check here.

Fax this form to: The American Gift Fund - (302) 892-6987, or mail to: PO Box 15627, Wilmington, DE 19850