



**DONOR ADVISED FUND
GIFT RECOMMENDATION**

Date: _____

Donor Advised Fund Name: _____

Gift Recommendation to Charity

Charity Name: _____

Charity's Federal Tax ID number (if known): _____

Charity Mailing Address: _____

Mailing City, State, and Zip: _____

Contact Name: _____ Contact Phone Number: _____

Gift Amount: \$_____ (minimum of \$100.00)

One-Time Gift Recurring Gift

If recurring, how often: Quarterly Semi-Annually Annually

Make this gift anonymous: No Yes

Additional information for the charity (please note restrictions below)

I/We would like the following included in the acknowledgement letter to the charity:

Check all that apply

- Name of the account
- Account holder's name(s)
- Mailing address for the account

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Gift recommendations may be submitted via email to info@kansasmethodistfoundation.org or mailed to the KMF office.

100 E. First Avenue • PO Box 605 • Hutchinson KS 67504-0605
620-664-9623 • Toll Free 888-453-8405 • Fax 620-662-8597
www.kansasmethodistfoundation.org