

DONOR-ADVISED GRANT RECOMMENDATION FORM

Name of Fund:

Name of Donor-Advisor:

As an advisor to the above Fund, I recommend Innovia Foundation's Board of Directors issue the recommended grant(s) to the organizations identified for the amounts and purposes specified: (Minimum grant amount is \$250.00)

ORGANIZATION (Name and Address) and Program, if applicable

AMOUNT

Total Grants

Unless otherwise specified, grant(s) will be made for the charity's General Operating Support.

Please select your preference for sharing information with the grantee organization(s) on the award letter:

- □ Fund Name + Donor Name(s) + Address
- □ Fund Name + Donor Name(s)
- □ Fund Name + Donor Anonymous

- □ Fund Anonymous + Donor Name(s) + Address
- □ Fund Anonymous + Donor Name(s)
- □ Fund Anonymous + Donor Anonymous

I certify that this recommendation does not satisfy a written pledge or legal obligation by me, my advisor(s) and related parties, family member(s) or business(es) I or they control. This recommendation is not made in return for any benefit or privilege to me, my advisor(s) and related parties, family member(s) or business(es) I or they control; such as membership, dinners, tickets, etc. for any individual or entities connected with the Fund. I understand that this is a recommendation only and not a directive.

Signature of Donor-Advisor	Phone	Date
Most grants are processed within 7 - 10 business days.		
If you have any questions with regard to a grant recommendation, please contact: Innovia Core Team at 509-624-2606 or core-team@innovia.org.	Mail: Fax:	to Innovia Foundation via: 818 West Riverside Ave., Suite 650 Spokane, WA 99201 509-624-2608 grants@innovia.org
You may also make grant recomme	ndations t	hrough our secure website:

www.innovia.org Click the *Login* button on the top right.