

GLOBAL GIFT FUND®

A Donor-Advised Service of the MDRT Foundation

GRANT RECOMMENDATION FORM

1. Account Information

Fund Name

Daytime Telephone Number

2. Grant Information: A letter recognizing the named Fund and the GiftAdvisor™ accompanies grants made to the Organization. If you have any special requests on this grant distribution, please indicate below.

_____ I would like this grant to be sent anonymously.

_____ I would like the name of my Fund included on the grant letter to the charity but NOT the GiftAdvisor name or contact information.

_____ I have attached a letter on special instructions for the grant distribution.

3. Grant Amount:

Amount of Grant (\$250 minimum)

4. Recipient Charitable Organization: Please refer to the Grant Recommendation Instructions on page 2 of this form. You must complete a separate Grant Recommendation Form for each grant request.

_____ I recommend that my contribution be made to the MDRT Foundation, or

_____ I recommend that my contribution be made to the following:

1. Organization's Official Name	
2. Organization's Mailing Address	
City	State Zip
3. Phone	4. Federal Tax ID Number (If Available)
5. Purpose of Grant	

5. For survey purposes, please indicate the primary nature of this organization:

___ Arts ___ Education ___ Environment ___ Health
___ Human Services ___ Research ___ Youth Programs ___ Other

6. Grant Evaluation: A GiftAdvisor™ may request that a grant evaluation be completed for grants of \$10,000 or more.

___ I request that a grant evaluation be completed by the donee organization

7. Distribution of Grant: All grant recommendations are reviewed and must be approved by the Foundation's trustees. Grants are only made to qualified 501(c)(3) organizations or U.S., state and local governments that are qualified to receive charitable contributions. Grants are processed upon receipt. The normal processing time for grants is from 14 to 30 days from receipt of the grant recommendation.

8. Signature: I have read the Grant Guidelines. I hereby acknowledge that neither I nor anyone related to me will receive any benefit from the recommended charitable organization (the grant does not pay for membership fees, dues, tuition, benefit tickets, goods bought at auction, etc.), and the grant will not fulfill a pre-existing pledge to the charitable organization. The grant will not support political causes or lobbying.

GiftAdvisor™ Signature	Date
Name (Please Print)	

<i>Mail completed form to:</i>	<i>Global Gift Fund Advisor Services 6100 W 96th St., Suite 120 Indianapolis, IN 46278</i>
<i>Or Fax to:</i>	<i>Global Gift Fund Advisor Services at 877-736-4624</i>
<i>Questions:</i>	<i>Global Gift Fund Home Office 877.685.4644 Global Gift Fund Advisor Services 866.301.0845</i>

Grant Recommendation Instructions:

1. You must include the fund name.
2. Unless instructed otherwise, the GiftAdvisor and fund name is used in the correspondence to the grantee.
3. The minimum distribution is \$250 per grant recommendation. Consult your handbook for specific information on the grant distributions.
4. You must include the name, mailing address and the purpose of the grant. Please include the tax identification number of the organization, if available.
5. You may request that the Foundation's Grant Evaluation be completed by the charitable organization for grants of \$10,000 or more. A copy of the evaluation will be sent to you.
6. Grants are distributed in a timely manner upon approval by the MDRT Foundation trustees. Incomplete forms delay the process.
7. You must sign and date the grant recommendation form and print your name below your signature.
8. If the grant cannot be made within 30 days, the GiftAdvisor will be notified.

<i>For Foundation use only:</i>		
Approved: _____	Not Approved: _____	Date: _____