



ABE Charitable Gift Fund Grant Recommendation Form

Complete this form to recommend that ABE make a grant from a Donor-Advised Account over which you have authority to recommend grants.

Fax the completed form to ABE at (312) 988-6401 or mail to:

The American Bar Endowment, 321 North Clark Street, Chicago, IL 60654.

To expedite processing, you may also complete this form online at www.abendowment.org.

Account Information

Account Name _____ Account Number _____
 Donor Name _____ Second Donor Name (if applicable) _____

Recommended Recipient Organization

Name of Organization _____ Federal Tax ID Number (if known) _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Contact Person at Organization (if known) _____
 Contact Person's Phone Number (if known) _____

Grant Amount

Indicate the amount of the recommended grant.

Grant Amount (minimum \$250) _____

Grant Recurrence (Optional)

Complete this section only if you wish this grant recommendation to recur on a quarterly, bi-annual, or annual basis. If recurrence is not selected, the grant recommendation will be processed just once.

Start Date (month/year): _____ End Date (month/year): _____

Interval (check one): Quarterly _____ Bi-Annual _____ Annual _____

- Quarterly recurring grants will be processed every three months beginning with the start date indicated above. Bi-annual recurring grants will be processed every six months beginning with the start date indicated above. Annual recurring grants will be processed yearly in the same month as indicated above in the start date.
- Recurring grants will be processed in perpetuity if no end date is selected until the available funds fall below the grant amount or the recurring grant is discontinued.
- If the account does not possess the available funds for the indicated grant amount at the time of processing, the recurring grant will not be processed.

Acknowledgement

Indicate the information that you would like ABE to release to the recipient organization when issuing the grant, if approved. Check all that apply.

- Account Donors and Advisors listed here _____
- Account Name _____
- Other (e.g., in memory of Mr. John Smith) _____
- Anonymous _____

Purpose of Grant

Briefly describe the recommended use of the grant; for example, operating expenses or a special project.

I understand that ABE will approve grants only to U.S. charitable organizations that are tax-exempt public charities as defined in section 501(c)(3) of the Internal Revenue code and classified in section 509(a)(1), (2), or (3); to U.S., State or local government organizations qualified to receive tax-deductible charitable contributions; or to foreign organizations that are the functional equivalent of a public charity or governmental instrumentality. ABE will not approve grants to individuals, to private foundations, to foreign charitable organizations that are not the functional equivalent of a public charity or governmental instrumentality, to political candidates or parties, to support any political campaigns or other political activities or to support lobbying activities. I hereby confirm that the requested grant is not to be used for any private benefit of any person, such as dues, membership fees, benefit tickets, or goods purchased at a charitable auction.

Signature

Signature of Donor or Advisor _____ Date _____