



# Donor Advised Fund

## Grant Recommendation Form

Name of Fund: \_\_\_\_\_

Date: \_\_\_\_\_

To the Cream City Foundation Board:

I suggest the following grants from the above-named Fund.

These suggestions do not represent the payment of a personal pledge or any other financial obligation.

Signature: \_\_\_\_\_

Thank you for helping Wisconsin's Lesbian, Gay, Bisexual and Transgender Communities. Please recommend grants you would like made from this fund in the area to the left. Grants should be \$100 or more.

If you would like staff assistance in determining the effectiveness of a particular program or in finding worthwhile programs that need support, please contact the Foundation at 414.225.0244

You may fax back this form to the Foundation at 414.225.0246 or mail it to:

**Cream City Foundation  
759 N. Milwaukee Street  
Suite 212  
Milwaukee, WI 53202**

You will be notified by letter after the Board has acted on your recommendations.

**Grants will be made when distributable funds are available.**

Organization Name	Amount
Purpose (if not for sustaining support)	

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