DONOR-ADVISED FUND GRANT RECOMMENDATION



INSTRUCTIONS: You may recommend a grant of £200 or more (or \$320 or more) from your donor-advised fund (DAF) to support a qualified charity by either using this form or logging onto the donor portal.

1 Donor-Adv	vised Fund In	formation			
Donor-Advised Fund Name			Donor-Advised Fund Account Number (if known)		
2 Select a C	harity				
Charity Name					
Address			City	Postcode	
Country			Charity Number	Website	
Contact person at	charity		Telephone	Email	
3 Choose Re	ecognition Pr	eference			
A letter accompan	ying your grant will	be sent to your selected	l charity. Please indicate yo	our preference for recognition.	
Recognise Fun	d Name and Dono	r (default if no box is che	cked) Anonymous		
4 Grant Deta	ails				
		ecommendations through	nout the week so that the re	cipient charity may benefit from your	
generosity as soor	n as possible. NPT	Transatlantic must comp	olete a satisfactory grant du	ne diligence process and approved grants	
		ere may be a slight dela		recommendation is made close to a holiday	
Timing					
Recurring Gra	nt: Issue the appro			or the amount listed above. spend is received.)	
Monthly	Quarterly	Every 6 months	Annually		
Beginning (DD/MN	M/YYYY)		Ending (DD/MM/YYY	Y)	
Grant Amount (£2	200/\$320 Minimum)			
Currency: GBP USD	Other				

Further gift aid cannot be claimed by the charity on the above grant amount.

4 Grant Details (Continued)					
Purpose of Grant In furtherance of the charitable purposes of the grantee organisation (default if no box is checked) Other					
Special Notes					
If you wish for your contact information to be given to the charity, please provide it in Special Notes section	above.				
5 Acknowledgement of Terms					
I understand that this is a recommendation and not a direction. I further understand that NPT Transatlantic reviews all grants to ensure that the organisation is a qualified charity under relevant UK and US regulations, and that the purpose of the grant is charitable in nature. NPT Transatlantic may deny a recommendation if the grant does not meet criteria for approval. By signing below, I acknowledge that:					
• The grant will not pay for attendance at a charitable event (e.g. gala, luncheon, golf outing, auction).					
• The grant will not pay for goods/services, or any other benefit for myself or any specific individual (e.g. au fee, dues, tuition).	ction item, membership				
• The grant will not be used to support a political campaign or lobbying activity.					
The grant will not support a private non-operating foundation.					
• The donor received a charitable deduction upon contributing assets to the donor-advised fund and no one deduction for this grant.	e will claim an additiona				
Primary/Joint/Authorised Secondary Advisor Signature					
Print Name	Date (DD/MM/YYYY)				

Return to: forms@npttransatlantic.org

For more information | enquiries@nptuk.org | +44 (0)800 133 7540 | www.nptuk.org