



CATHOLIC LEGACY
FOUNDATION OF ACADIANA
Forever Faithful

DONOR ADVISED GRANT RECOMMENDATION FORM

To: The Catholic Legacy Foundation of Acadiana
P.O. Box 90008
Lafayette, LA 70009
mtrahan@CLFAinc.org
Phone: (337) 261-5642

Account Name:

I (we) recommend the approval of the following distributions by The Catholic Legacy Foundation of Acadiana. I (we) understand that the final judgment rests in their hands, whose charge it is to see that all distributions are within the purposes of The Catholic Legacy Foundation of Acadiana. I (we) acknowledge that the requested recommendations do not represent the payment of any legally enforceable pledge nor does the undersigned expect any goods or services as a result of this charitable distribution.

Signature (Joint Advisor)

Date

Please list nonprofit name, address, phone number and contact name for recommended organization(s).

1. Organization Name_____

Address_____

Contact Name_____Phone_____

Suggested Amount of Gift \$_____

Purpose of Grant_____

Would you like your name and/or fund name to be included in notification to the grantee? ☐ Yes ☐ No

2. Organization Name_____

Address_____

Contact Name_____Phone_____

Suggested Amount of Gift \$_____

Purpose of Grant_____

Would you like your name and/or fund name to be included in notification to the grantee? ☐ Yes ☐ No

3. Organization Name_____

Address_____

Contact Name_____Phone_____

Suggested Amount of Gift \$_____

Purpose of Grant_____

Would you like your name and/or fund name to be included in notification to the grantee? ☐ Yes ☐ No