



Donor Advised Grant Form

As advisor to the	I request that the Humboldt Area Four	ndation & Wild
As advisor to the	, I request that the Humboldt Area Foun (fund name)	idation & wild
Rivers Community Foundation	on Board of Directors consider an expenditure in the amount of \$	
Please make the grant to:		·
	(nonprofit, public school, church, government agency, Tribal government)	
Please make the check paya	ble to:	
Please mail the check to:		
Al	(address, city, state, zip code)	
For the charitable purpose o	f:	
Special handling:		
recommendation does not reploans or compensation. Nor deprohibited from receiving moderand to those who recommend	iliations will receive material benefit from the grant being requested. I acknowledge or essent the payment of any legally binding pledge or other financial obligation such pes the undersigned expect any personal benefit from this charitable distribution. The than incidental benefits from grants made. Penalties apply to those who received ed the grant. By law, Humboldt Area Foundation's Board of Directors must retain find have any questions about your recommendation you will be contacted by a member of the province of the contacted by a member of the province of the contacted by a member of the province of the prov	as reimbursement, he undersigned is I a prohibited benefit inal authority over ali
or has reason to believe suppo Hateful activities are defined	ncial Transactions Policy", I understand the foundation will not make a grant that the ort or engage in hateful activities or are contrary to the foundation's mission and che mean activities that incite or engage in violence, intimidation, harassment, threa up based on their actual or perceived race, color, religion, national origin, ethnicity, all orientation or disability.	aritable purpose. ts or defamation
Signature:(or see additional	Date:	

Please return this form to HAF+WRCF Donor Services (Please note that grant processing may take 1-2 weeks)

By email:	By mail:	
	Humboldt Area Foundation	Questions? Call:
donorservices@hafoundation.org	363 Indianola Road	707-442-2993
	Bayside, CA 95524	