

Charitable Gift Recommendation Form

Please complete this form when recommending domestic donations from your Donor Advised Funds (DAF) or Fiscally Sponsored Program (FSP) at United Charitable. Please see our website for the [Instruction Sheet and Fee Schedule](#). Allow 3-5 business days for processing. **We will not be able to accept the recommendation if the form is not completely filled out. The United Charitable Board of Directors reserves the right for final approval of all gifts.**

Account Information

DAF or FSP Name: _____ Account #: _____

Proposed Charitable Organization Information *Either one required	Processing and Delivery (Optional) *Additional fees may apply
Name: _____	Processing*: <input type="checkbox"/> Expedited (1 -2 business days)
Address: _____	Delivery*: <input type="checkbox"/> FedEx (Overnight) <input type="checkbox"/> Priority Mail <input type="checkbox"/> Wire <input type="checkbox"/> Regular Mail
EIN*: _____ or <input type="checkbox"/> IRS Determination Letter Attached*	Send Check to: <input type="checkbox"/> Payee
Requested Charitable Gift Amount: \$ _____	<input type="checkbox"/> Other Address: _____
Check Memo: _____	_____

Charitable Substantiation - Required - Additional paper may be used if needed

What is the purpose of the proposed gift? _____

Why did you select this organization? _____

How does this further the purpose of your DAF or FSP? _____

Any other information that you would like for us to consider? _____

Fund Manager (DAF) / Program Manager (FSP) Attestation

"I certify that the proposed charitable organization listed above does not have any representatives that have family member* connections to me or to any of my program's donors nor do they have any advisory privileges to my DAF or FSP account or the investments thereof. I further certify that if the above named charitable organization is awarded this gift, it will not be used for the benefit of any named individual or family member* of any charity representative, the fund advisor / program manager or donor to the DAF of FSP. I understand that the United Charitable Board of Directors has final approval for all gifts." *Family member = spouse, siblings (by whole or half blood) and their spouses, parents, children, grandchildren, great grandchildren and spouses of children, grandchildren or great grandchildren)

Print Name: _____ Signature: _____

Email: _____ Phone: _____ Date: _____

Office Use Only	
Initial Review: Charitable Org: <input type="checkbox"/> 501(3)(3) <input type="checkbox"/> Religious <input type="checkbox"/> Support Org <input type="checkbox"/> Group Exempt <input type="checkbox"/> Other _____	Entered By: _____ Date: _____ Invoice ID _____
Verified: Date _____ <input type="checkbox"/> IRS Pub 78 <input type="checkbox"/> Guidestar Other _____	Approved & Posted NS: _____ Date: _____ <input type="checkbox"/> Fees entered on log/Amount correct/Program correct/Two approvals
Cash Bal \$ _____ Cash in Transit \$ _____ Lg Don Ltr <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Tasked/Cash sufficient/Back up docs complete/Char status confirmed/Usage approved	Fees: \$ _____ Expedited \$ _____ Other \$ _____ \$ _____ Priority \$ _____ FedEx \$ _____ Wire Transfer
2nd Authorization: _____ Date: _____ <input type="checkbox"/> Charitable status confirmed/Usage approved/Disbursement of funds approved	Controller _____ <input type="checkbox"/> Issued Check Review: _____ Check # / Wire Date: _____