



1937 West Cornwallis Road, Durham, North Carolina 27705

Intention of Grant Recommendation

I am pleased to indicate my/our intention to make a grant recommendation through my/our donor-advised fund at _____ of \$_____.

The purpose of this grant is for _____.

Signature _____

Date _____

Signature _____

Date _____

Please return this form to lmalin@shalomdch.org.
Thank you for your support!

Office Use: Date Received _____ Date Soft Pledged Entered _____
