



2010 DONOR ADVISED GRANT REQUEST

FOR OFFICE USE ONLY
 PA _____ BRD _____
 #2010 - _____
 K _____ P _____

*I (We) recommend to the Board of Directors
 of East Tennessee Foundation the following
 distribution(s) from the*

_____ *Fund of East Tennessee Foundation.*

**RECOMMENDED
 GRANT AMOUNT**
 \$ _____
 (minimum \$100)

NAME, ADDRESS, CONTACT PERSON & PHONE OF RECIPIENT ORGANIZATION

Organization: _____
 Address: _____
 Phone: _____
 Director/Org. Head: _____
 This grant is in support of: _____

SPECIAL INSTRUCTIONS:

- Make this an anonymous grant **or** List fund name on grant check
- I request expedited service on this grant, if possible.
- Please send me more grant request forms via Fax E-mail Regular
- I would like to activate my online DonorCentral account. Please send me my User ID and Password.

I (We) understand the final decision rests with the Board of Directors (or the Executive Committee acting on its behalf), whose charge it is to ensure all distributions meet the regulations of the Internal Revenue Service and are compatible with the policies and purposes of East Tennessee Foundation.

I certify these recommendations do not represent payment of any pledge or obligation, and I will not receive any goods, services, or non-tax deductible membership benefits.

 Signature

 Date (Please submit forms to ETF five business days prior to Board meeting.)

 Printed Name

2010 Schedule of Board Meetings

Tuesday, January 26	Thursday, April 15	Thursday, July 15	Thursday, October 21
Thursday, February 18	Thursday, May 20	Thursday, August 19	Thursday, November 18
Thursday, March 18	Thursday, June 17	Thursday, September 16	Thursday, December 16

SEND COMPLETED FORMS TO MARY AMBER DUNN, EAST TENNESSEE FOUNDATION
 625 MARKET STREET, SUITE 1400, KNOXVILLE, TN 37902
 PHONE (865) 524-1223 FAX (865) 637-6039 Toll-Free: (877) 524-1223