



FOUNDATION FOR EXCELLENCE
IN MENTAL HEALTH CARE™

Expect Recovery

Donor-Advised Fund Grant Recommendation

Date: _____

To: Board of Directors
Foundation for Excellence in Mental Health Care
29100 SW Town Center Loop West, Suite 140F
Wilsonville, OR 97070
advisedgrants@mentalhealthexcellence.org

This is a recommendation for a \$ _____ grant from the _____ Fund to:

Name of Organization: _____

Contact Name & Title: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

This grant is for the following purpose (if other than general support):

If the grant is approved by the Board of Directors, the grantee should be notified that the grant is made from the _____ Fund at the recommendation of _____, or:

I prefer this grant to be made without mention of my **fund**.

I prefer this grant to be made without mention of my **name**.

My signature affirms that this grant recommendation does not represent payment of any pledge or other financial obligation for the donors, advisors or related parties and no tangible benefit, goods or services will be received as a result of payment.

Print Name

Signature