

I/We wish t	to recommend that a grant	(s) be made from the	Donor A	Donor Advised Fund at the University of Pennsylvania as follows:		
Distributio	ons made to University (Гах ID 23-1352685):				
Amount	School or Center		Fund/Area of Interest	Fund/Area of Interest		
\$	_					
Distributio	ons made to Outside Qua	alified Charity:				
Amount	Name of Charity	Address	Tax ID No.	Designation (if applicable)	Anonymous?	
\$	_					
\$						
\$	_					
I/We ackno	wledge that I/we have rea	d the Procedures for the A	Administration of University of Penn	nsylvania Donor Advised Funds, certic proposed grant recipient) will receive	fy that this grant	
	Please sign here:		I	Date:		
	Please sign	here:	I	Date:		