



Authorization for Granting Privileges

As the Donor Advisor of the _____,
Name of Fund

I / we authorize _____,
Authorized Individual(s)

and any employee(s) associated with above name individual(s), to submit grant recommendations on my / our behalf. I / we understand this authorization will remain in effect until rescinded in writing to National Charitable Endowment.

Authorized Individual(s) Contact Details:

Name: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Donor Advisor Signature: _____ Date: _____

Donor Advisor Signature: _____ Date: _____

Please email to donorcare@natcharitable.org or mail to:

National Charitable Endowment
23 Old Kings Highway South
Darien, CT 06820
203-202-9446