



# American Endowment Foundation

## Authorization for Granting Privileges

As the Donor Advisor(s) of the \_\_\_\_\_,  
(Name of Fund)

I / we authorize \_\_\_\_\_,  
(Named Individual[s])

to submit grant recommendations on my / our behalf. I / We understand this authorization will remain in effect until rescinded in writing to AEF.

Named Individual(s) Contact Information:

Name		
Organization Name		
Address		
City	State	Zip Code
Email	Phone	

Donor Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Donor Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email to:  
donorchanges@aefonline.org  
or mail / fax to:  
American Endowment Foundation  
5700 Darrow Road, Suite 118  
Hudson, OH 44236

888-440-4233 / 330-656-2063 fax