



American Endowment Foundation

Authorization for Granting Privileges

As the Donor Advisor(s) of the _____
(Name of Fund)

I / we authorize _____
(Named 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 I / We understand this authorization will remain in effect until rescinded in writing to AEF.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:
grants@aefonline.org
or mail / fax to:
American Endowment Foundation
5700 Darrow Road, Suite 118
Hudson, OH 44236

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