Please mail/email to your broker and send a copy to:
Mr. Thomas Broussard '16, Advancement Database Specialist
Catholic High School 855 Hearthstone Drive Baton Rouge,
Louisiana 70806 tbroussard@catholichigh.org

CHS FOUNDATION

Donor-Advised Fund (DAF) Grant Recommendation Form

Date: _____ **Donor Name:** _____

This request initiates a charitable distribution from your Donor-Advised Fund to benefit The CHS Foundation, 855 Hearthstone Drive, Baton Rouge, Louisiana 70806, Tax ID 72-1180623.

Please forward this form to your DAF sponsor and email a copy to Mr. Thomas Broussard '16 at tbroussard@catholichigh.org.

DAF Sponsor Institution: _____

Sponsor Contact or Portal: _____

DAF Account Name: _____

DAF Account Number: _____

Recommended Gift Amount: $_____

Gift Designation (check one):

[ ] The CHS Annual Appeal (Alumni & Friends Sustained Giving)

[ ] Parent Annual Fund (PAGE Giving)

[ ] Scholarships and Endowments (specify): _____

[ ] Designated Program/Area: _____

Acknowledgment Address:

Donor Name: _____

Address: _____

Email: _____

SIGNATURES:

Donor Signature: _____ Date: _____

Joint Donor (optional): _____ Date: _____

Please email a copy of this completed form to:
Mr. Thomas Broussard '16, Advancement Database Specialist
tbroussard@catholichigh.org | 225.383.0397