



Donor Recommendation Form

Date: _____

I recommend the following grants from the _____ Fund to the following organization(s) in the amount(s) listed:

1. Name of Organization		Have you suggested a grant to this organization before? ____ Yes ____ No (If "Yes," then skip address info.)	
2. Organization's mailing address			Attention:
3. City	State	Zip	Phone (If available)
4. Amount of grant (\$250 minimum) \$	Special instructions/purpose (e.g., operating expenses, capital campaign, special project)		

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Please: ____ Mail the check(s) to the organization listed above.
 ____ Mail the check(s) to the undersigned for my personal presentation. **Provide address below.*
 ____ Note that I/we choose to remain anonymous to the grant recipient(s).

I certify that the above recommendation(s) does not represent the payment of any irrevocable or legally binding pledge or other financial obligation, nor does the undersigned or any family member expect any personal benefit from this charitable distribution. I also acknowledge the above recommendation(s) are subject to approval of the Board of Directors of the Community Foundation.

Signature

Printed Name and Phone Number

Signature

Printed Name and Phone Number

*Address (If presenting checks personally.) _____

Return completed recommendation form to: Smith County Community Foundation, PO Box 116, Smith Center, KS 66967. Questions? Call the Foundation Chairman at (785) 282-6834.