



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

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

Check here if appropriate:

____ Please 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

Return completed recommendation form to: Greater Salina Community Foundation, P.O. Box 2876, Salina, KS 67402-2876, or Fax to: (785) 823-9370. Questions? Call the Foundation at (785) 823-1800.

Check(s) will be mailed directly from the Foundation to the recipient organization(s).