



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?</i> ____ Yes ____ No (If "Yes," then skip address info.)	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)	

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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: Solomon Valley Community Foundation, P.O. Box 369, Beloit, KS 67420-0369. Questions? Call the Foundation, 785-534-1126

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