

DONOR GRANT RECOMMENDATION FORM

To: Community Foundation of North Central Florida

Date:

Dear Board Members:

As a Fund Representative of the _____ **Fund**, I recommend the following grant(s):

Grant Amount	Name of Nonprofit Organization (and contact person if applicable)	Charitable Purpose (if other than General Support)	Anonymous (Please indicate YES or NO)
\$			
\$			
\$			
\$			
\$			

The above are recommendations only, and not directions. None of the recommendations herein represents a payment in satisfaction of a legally enforceable pledge or other financial obligation of the undersigned. The undersigned will not receive any goods, services or other benefits including, but not limited to, tickets for events, memberships, and other tangible benefits in exchange for these recommendations.

SIGNATURE OF FUND REPRESENTATIVE

PRINTED NAME OF FUND REPRESENTATIVE

DATE