



Stark Community Foundation
Foundations Centre
400 Market Avenue North – Suite 200, Canton, Ohio 44702
Phone: 330-454-3426 – Fax: 330-454-5855

Donor Recommendation Form

Date: _____

I/We recommend a distribution from _____ Fund to the following organization(s) in the amount(s) listed below.

Amount	Organization	Purpose*
_____	_____	_____

Attn: _____

Address: _____ City: _____ State: _____ Zip: _____

Value of goods or services received: (tickets, green fees, meals, etc.) _____

Send as an anonymous gift

Amount	Organization	Purpose*
_____	_____	_____

Attn: _____

Address: _____ City: _____ State: _____ Zip: _____

Value of goods or services received: (tickets, green fees, meals, etc.) _____

Send as an anonymous gift

Amount	Organization	Purpose*
_____	_____	_____

Attn: _____

Address: _____ City: _____ State: _____ Zip: _____

Value of goods or services received: (tickets, green fees, meals, etc.) _____

Send as an anonymous gift

*annual fund drive, capital campaign, specific project, general support, etc.

Special instructions: _____

I acknowledge that the above recommendation(s) does not represent the payment of a pledge or other financial obligation. I understand that the value of goods and services received cannot be paid by my/our Donor Advised Fund.

Signature _____

Please return the white copy to Stark Community Foundation and retain the yellow copy for your files. We will call you if the Distribution Committee has any questions about your recommendations. A copy of the letter will be sent to you for each recommendation.