



**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.