



**Stark Community Foundation**

400 Market Avenue N, Suite 200, Canton, Ohio 44702

Phone: 330-454-3426 • Fax: 330-454-5855

Email: [donorservices@starkcf.org](mailto:donorservices@starkcf.org)

## Donor Recommendation Form

Date: \_\_\_\_\_

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

Amount (\$100 minimum)	Organization	Purpose*
_____	_____	_____

Attn: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Send as an anonymous gift

Amount (\$100 minimum)	Organization	Purpose*
_____	_____	_____

Attn: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Send as an anonymous gift

Amount (\$100 minimum)	Organization	Purpose*
_____	_____	_____

Attn: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Send as an anonymous gift

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

Special instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that these recommendations are not payment on any pledge or obligation, and that I will not receive any goods, services, or membership benefits if grants are awarded. By typing my name below, I am authorizing this as my signature.

Signature \_\_\_\_\_

Ninety-days written notice may be required to process a grant recommendation of \$25,000 or more.