



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> <input type="checkbox"/> Yes <input type="checkbox"/> 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: Post Rock Community Foundation, P.O. Box 62, Sylvan Grove, KS 67481. Questions? Email the Foundation at postrock@gscf.org, or call 785-381-7002

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