



## DONOR GRANT RECOMMENDATION FORM

To: Community Foundation of North Florida, Inc.

Date:

Dear Board Members:

As a Fund Representative of the \_\_\_\_\_ **Fund**, I/we 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. **Neither the undersigned nor any related party will receive any goods, services or other benefits including, but not limited to, tickets for events or the right to purchase tickets, memberships, and other tangible benefits** in exchange for these recommendations.*

\_\_\_\_\_  
SIGNATURE OF FUND REPRESENTATIVE

\_\_\_\_\_  
PRINTED NAME OF FUND REPRESENTATIVE

\_\_\_\_\_  
DATE