



DONOR GRANT RECOMMENDATION FORM

To: Community Foundation of North Florida

Date: _____

Dear Board Members:

As a Fund Representative of the _____ Fund, I/we recommend the following grant(s):

GRANT AMOUNT	FUND TYPE <i>(Endowed or Non-Endowed)</i>	NAME OF NONPROFIT ORGANIZATION <i>(and contact person, if applicable)</i>	CHARITABLE PURPOSE <i>(if other than General Support)</i>	ANONYMOUS <i>(please indicate YES or NO)</i>
\$				
\$				
\$				
\$				
\$				
\$				
\$				
\$				

*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, memberships, and other tangible benefits** in exchange for these recommendations.*

SIGNATURE OF FUND REPRESENTATIVE

PRINTED NAME OF FUND REPRESENTATIVE

DATE

Community Foundation of North Florida
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