



DONOR GRANT RECOMMENDATION FORM

To: The Community Foundation of West Georgia

Date: _____

Dear Board Members:

As a Fund Representative of the _____, I recommend the following grants:

GRANT AMOUNT	NAME, ADDRESS & PHONE NUMBER OF NONPROFIT ORGANIZATION	CHARITABLE PURPOSE (IF OTHER THAN GENERAL SUPPORT)	GRANTEE TAX ID #	ANONYMOUS Y/N
\$				NO
\$				NO
\$				NO
\$				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. The undersigned will not 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