



# COMMUNITY FOUNDATION

Western Pennsylvania and Eastern Ohio

## Grant Recommendation Form For Advised Funds (Donor Advised, Committee Advised, Pass-Through)

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

Advisor Name: \_\_\_\_\_

Fund Name: \_\_\_\_\_

- Remittance Options:
- Please forward a check directly to the organization listed below.
  - I will personally present the check to the grant recipient; please mail it to me at my address of record.
  - I wish to remain anonymous to the grant recipient.

*I recommend that the Community Foundation make the following grant to:*

Name of Charitable Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Grant Amount: \$ \_\_\_\_\_

Grant Purpose (general operating support, capital campaign, specific program, etc.):

Additional Instructions: \_\_\_\_\_

*I certify that the above recommendation does not represent the payment of any irrevocable or legally binding pledge or other financial obligations, nor does the undersigned or any family member expect any personal benefit from this charitable distribution. I also acknowledge that the above recommendation must receive approval of the Community Foundation's Board of Directors.*

Advisor Signature: \_\_\_\_\_

**Please mail or fax signed form to:**

**Larry Haynes, Executive Director**  
Community Foundation  
33 Chestnut Street  
Sharon, PA 16146  
724-981-5882 (Phone)/724-983-9044 (Fax)/[larry@sv-foundation.org](mailto:larry@sv-foundation.org) (Email)