

ARMSTRONG COUNTY COMMUNITY FOUNDATION

DONOR ADVISED GRANT RECOMMENDATION FORM

Fund Name: _____

I recommend that the Armstrong County Community Foundation review and approve the following grant(s) from the above fund. I understand that the final decision rests in the hands of the Board Directors, whose charge it is to see that all grants meet the regulations of the Internal Revenue Service and are compatible with the policies and purposes of the ACCF. These requested recommendations do not represent the payment of any pledge or obligation nor will the following grant(s) provide any direct or indirect benefit to me or my immediate family. Thank you for your consideration.

SIGNATURE

DATE

Please list the organizations that you would like to recommend for grants.

1. Organization's name			
2. Organization's mailing address			
3. City	State	Zip	Phone (if available)
4. Amount of grant \$	5. Grant Acknowledgement (check one) <input type="checkbox"/> Please use the Fund name in acknowledging this grant <input type="checkbox"/> This grant is anonymous		
6. Special instructions or purpose (e.g. for operating support, capital campaign, or other)			

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I prefer (*circle one*) **to / not to** receive copies of the acknowledgment/thank you letters from these organizations.

PLEASE ALLOW UNTIL THE NEXT SCHEDULED BOARD MEETING FOR CONSIDERATION OF GRANT REQUESTS.

MAIL OR FAX THIS FORM TO: ARMSTRONG COUNTY COMMUNITY FOUNDATION **FAX: 724.548.4275**
 160 N. MCKEAN STREET, KITTANNING, PA 16201

DATE APPROVED: _____