



DONOR RECOMMENDATION FORM

I recommend distribution(s) from _____ to the following organization(s) in the amount(s) listed: *(Name of Fund)*

<u>ORGANIZATION</u>	<u>SPECIAL INSTRUCTIONS</u>	<u>AMOUNT</u>
(1) Name: _____ Address: _____ _____ _____ Phone () _____ Contact (optional): _____	<input type="checkbox"/> Anonymous <input type="checkbox"/> General Support <input type="checkbox"/> Specific Purpose or Project: _____ _____	\$ _____ (\$100 minimum)
(2) Name: _____ Address: _____ _____ _____ Phone () _____ Contact (optional): _____	<input type="checkbox"/> Anonymous <input type="checkbox"/> General Support <input type="checkbox"/> Specific Purpose or Project: _____ _____	\$ _____ (\$100 minimum)

I acknowledge that neither I nor anyone related to me will receive material benefit (e.g., membership benefits, event tickets, goods bought at auction, etc.) from this grant if distributed.

Signature Date Telephone

Should the Board of Directors have any questions about your recommendation(s), you will be contacted by a member of the Kern Community Foundation’s staff. A notification letter and check will be sent to the recipient(s) following approval of your request. You will be notified after the distributions are made.