



DATE: / /

DONOR RECOMMENDATION FORM

[I/We] recommend distribution(s) from _____
to the following organization(s) in the amount(s) listed:

Organization, Address, Phone Number & Contact Person	Amount	Special Instructions

TOTAL:

[I/we] acknowledge that the above recommendations do not represent the payment of any personal pledge or other financial obligation of [mine/ours], and will result in no benefits or privileges being received by an individual.

[I/we] also understand that the use of these funds to purchase admission to an event or to garner any benefits or privileges may make [me/us] personally liable for penalties assessed by the IRS under the Pension Reform Act signed into law 8/17/06.

[I/we] acknowledge that recommendations shall be solely advisory, and The Foundation shall not be bound by such recommendations. Distributions from the Fund shall be made at such times, in such amounts, in such ways and for such purposes as The Foundation shall determine in its sole discretion.

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

PHONE

PHONE

*Should the Foundation have any questions about your recommendation(s), you will be contacted by a member of the staff. A notification letter and check will be sent to the recipient(s) following approval of your request. If you have questions, please contact **Tiara Miles, tmiles@cfmt.org or 615-321-4939.***