Forever caring. Forever giving.

Community Foundation of Henderson County

Donor Advised Recommendation

Date _____

I/we recommend distributions from: _____
Name of Fund

to the following organization(s) in the amount(s) listed. I understand that this is a recommendation and not a direction. I attest that the suggestions below do not represent the payment of any pledge or other financial obligation on behalf of the fund representative(s), family members or businesses they control and that not tangible benefits, goods or services, such as memberships, dinners, tickets, etc. were or will be received by any individual or entities connected with the fund as describes above.

Name and Address of Recipient Organization	**Purpose/Special Instructions**	**Gift Amount**

☐ If approved by the Community Foundation of Henderson County, I requests the above specified grants be made anonymously.

Signature_____

Should the Board of Directors have any questions about your recommendation(s), a member of the Foundation staff will contact you. A notification letter and check will be sent to the recipient(s) following review and approval of your recommendation.