



Community Foundation of Western Massachusetts

Donor/Agency Advised Recommendation Form

I/we certify that the following recommendation(s) are to qualified 501 (c)(3) organizations (publicly supported and not a private foundation), and that neither the advisors nor any donor to this fund, or their family members, or any entity that is 35% controlled by them will receive any benefits from this (these) grant(s) that are more than incidental (including the payment of any legally binding pledge). I/we also acknowledge that the recommendation(s) must receive approval of the Board of Trustees of the Community Foundation.

Fund Name: _____

Advisor Signature: _____ **Date:** _____

Organization: _____ Amount: \$ _____

Anonymous Grant: Yes No

Executive Director/President: _____ Phone Number: _____

Address: _____ City: _____ ST//Zip: _____

Further recommendations: _____

Forward the check to the organization listed above. Mail the check to me for my personal presentation.

Organization: _____ Amount: \$ _____

Anonymous Grant: Yes No

Executive Director/President: _____ Phone Number: _____

Address: _____ City: _____ ST//Zip: _____

Further recommendations: _____

Forward the check to the organization listed above. Mail the check to me for my personal presentation.

Organization: _____ Amount: \$ _____

Anonymous Grant: Yes No

Executive Director/President: _____ Phone Number: _____

Address: _____ City: _____ ST//Zip: _____

Further recommendations: _____

Forward the check to the organization listed above. Mail the check to me for my personal presentation.

It is not economical for the Community Foundation to administer funds with a long-term balance less than \$10,000, but amounts in excess of that minimum would be available for recommended distribution.

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