

GREATER WORCESTER COMMUNITY FOUNDATION

370 Main Street • Suite 650 • Worcester, MA 01608

Tel (508) 755-0980

FAX (508) 755-3406

Donor Advised Fund Recommendations _____

Fund Name

RECOMMENDATION
Organization: _____
Amount: \$ _____
Purpose: _____
Special Instructions: _____

RECOMMENDATION
Organization: _____
Amount: \$ _____
Purpose: _____
Special Instructions: _____

RECOMMENDATION
Organization: _____
Amount: \$ _____
Purpose: _____
Special Instructions: _____

I certify that these recommendations do not represent the payment of any legally enforceable pledge or obligation, and that neither I, nor any family member, will receive any goods, services, or non-tax deductible membership benefits.

Understood and Agreed (signature required):

Signature

Print Name

Date: _____ Tel _____

E-mail _____

- Minimum grant amount is \$100.
- Distributions are contingent upon the approval of the Foundation Board of Directors.
- Awards are sent to the institution's Chief Executive Officer unless you give other instructions.
- Grantees send acknowledgements to us. We will forward them at your request.

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