

# The Community Foundation of Burke County

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## 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 which requires approval by the Foundation. I acknowledge that the recommendation(s) below will not result in the payment of any pledge or other financial obligation of the Donor or any other person. Neither the Donor or any other person will receive any benefit such as dinners, tickets, etc. from this charitable distribution.

<b>Name /Address of Recipient Organization:</b>	<b>Purpose/Special Instructions:</b>	<b>Gift Amount:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total Amount to be Distributed:** \_\_\_\_\_ **\$** \_\_\_\_\_

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 request.