



1915 Grand Avenue  
Des Moines, IA 50309  
515.883.2626 Phone  
515.309.0704 Fax

## Donor Recommendation Form

As the advisor for the \_\_\_\_\_ Fund, I suggest distribution to the following organization in the amount listed:

**Please provide complete organizational information.**

Organization's Official Name

\_\_\_\_\_

Organization's Contact Person

\_\_\_\_\_

Organization's Mailing Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Federal ID number (if available) Amount of Grant

\_\_\_\_\_

Special instructions or purpose (example, for operating expenses)

\_\_\_\_\_

- Please:
- Forward the check to the organization listed above.
  - Mail the check to the undersigned fund advisor for presentation.
  - Notify the undersigned fund advisor to pick up check when ready.
  - Note that I/we choose to remain anonymous to the grant recipient.
  - Inner fund transfer at the Community Foundation.

*I certify that the above suggestion does not represent the payment of any irrevocable or legally binding pledge or other financial obligation, nor does the undersigned or any family member expect any personal benefit from this charitable distribution. I also acknowledge the above suggestion must receive approval from the Community Foundation of Greater Des Moines Board of Directors.*

Signature of Fund Advisor

Phone Number

\_\_\_\_\_

Signature of Community Foundation Representative

Date

\_\_\_\_\_