

New Canaan Community Foundation
DONOR RECOMMENDATION FORM
 111 Cherry Street New Canaan CT 06840
 Phone: 203-966-0231 Fax: 203-966-0831

Date _____

I/we recommend a grant distribution of \$ _____ from the _____ Fund to the following qualified charitable organization(s) in the amount(s) listed:

Organization	(name and address)	Amount
Total		

Please note any special instructions:

Check this box if you prefer your grant to be anonymous.

I/we recommend a grant of \$ _____ to NCCF's Community Impact Fund.

I/we recommend a grant of \$ _____ to NCCF's *Neighbors United* Program.

I/we recommend a grant of \$ _____ to the _____ Fund at NCCF.

I understand that this is a recommendation only and not a direction. If any benefits or privileges are offered to me in connection with such distributions, I have not and will not accept them.

Signature(s) _____

Phone _____ email: _____

Following approval of your request by the Board of Directors, a letter and check will be sent to the recipient organization(s), and you will be notified accordingly. Thank you for the opportunity to assist you in meeting your charitable goals.

Approved: _____