



**Donor Recommendations**

I, being the Donor of the \_\_\_\_\_ Fund of GAF, hereby recommend  
(Name of Fund)  
distribution(s) to the following organization(s) in the amount(s) listed below:

Amount	Organization	Purpose*		
Attn:	Address	City	State	Zip

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Attn:	Address	City	State	Zip

Amount	Organization	Purpose*		
Attn:	Address	City	State	Zip

Amount	Organization	Purpose*		
Attn:	Address	City	State	Zip

\*Annual Fund Drive, Capital Campaign, Specific Project, General Support

I acknowledge that the above recommendations do not represent the payment of any pledge or other financial obligation and that I will not receive any goods, services or membership benefits from these grants, if awarded.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Donor Signature

**Greater Alliance Foundation, Inc.**  
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Telephone: 330.823.8650  
[www.greateralliancefoundation.org](http://www.greateralliancefoundation.org)