



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

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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.
 Douglas R. Schwarz, Executive Director
 960 West State Street, Suite 130, Alliance, Ohio 44601
 Telephone: 330.823.8650
www.greateralliancefoundation.org