



Greater ALLIANCE FOUNDATION
FOR GOOD, FOR ALLIANCE, FOREVER

Donor Recommendation Form

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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*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/Fund Advisor Signature

Greater Alliance Foundation, Inc.
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www.greateralliancefoundation.org