



Donor Advised Recommendation

Date _____

I/we recommend distributions from: _____
Name of Fund

to the following organization(s) in the amount(s) listed. I understand that this is a recommendation and not a direction. I acknowledge that the suggestions below do not represent the payment of any pledge or other financial obligation, nor do I expect any personal benefits such as dinners, tickets, etc. from this charitable distribution.

Name and Address of Recipient Organization	Purpose/Special Instructions	Gift Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____

Should the Board of Directors have any questions about your recommendation(s), a member of the Foundation staff will contact you. A notification letter and check will be sent to the recipient(s) following review and approval of your recommendation.

Please return this form to the Davie Community Foundation, PO Box 546, Mocksville, NC 27028 or fax it to 336-753-6904. Distribution checks are printed on the 15th and 30th of each month.