PASADENA COMMUNITY FOUNDATION

DONOR RECOMMENDATION FORM

260 SOUTH LOS ROBLES AVENUE, SUITE 119, PASADENA, CA 91101
PHONE: 626-796-2097; FAX: 626-583-4738

As provided in the terms of the Donor Advised Fund established with the Pasadena Community Foundation, we recommend the following grant(s) be paid from_____ **Fund**. This is a recommendation only, and not a direction.

Organization Name	Address	Grant Amount (Min of $100)	Purpose (e.g. for general support, unless indicated otherwise	Special Instructions (if any)

I certify that the above recommendation does not represent any payment of any legally binding pledge or other financial obligation, nor does the undersigned or any family member expect any personal benefit (such as meals and non-tax deductible memberships and dues) from this charitable distribution.

_____ _____ _____
Signature Name Date

----------FOR OFFICE USE ONLY ----------

Fund Balance: _____

Grant(s): _____ Approved by: _____

New Balance: _____