



PASADENA COMMUNITY FOUNDATION
 301 E. Colorado Blvd. Suite 810, Pasadena, CA 91101
 Phone: 626-796-2097 Fax: 626-583-4738
 Email: pcfstaff@pasadenacf.org

Donor Recommendation Form

Fund Name: _____

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 the above named fund. This is a recommendation only, and not a direction.

	Organization Name	Address	AMOUNT Min of \$100	Purpose (general support, unless indicated otherwise)	Special Instructions or Attn (if any)
1					
2					
3					
4					
5					

Please check box and sign below:

By signing this form, I certify that the above grant recommendation(s) do not represent payment for any financial obligation, nor does the undersigned or any family member expect any personal benefit (such as tickets to an event, meals and non-tax deductible memberships or dues) from this charitable distribution. I approve the grant(s) above be issued from the fund listed above and understand that only 501c3 organizations are eligible to receive grants.

Signature

Date

Printed Name

FOR OFFICE USE ONLY
Fund Balance: _____
Grant(s): _____
New Balance: _____