



CORTLAND COMMUNITY FOUNDATION

CORTLAND COMMUNITY FOUNDATION
P.O. BOX 466
50 Clinton Avenue
CORTLAND, NEW YORK 13045
Phone: (607) 218-6500
E-mail: CCF@twcny.rr.com

DONOR ADVISED GRANT SUGGESTION FORM

FUND NAME: _____

I (We) suggest that the Cortland Community Foundation review and approve the following distribution(s) from the above named fund. I (We) understand that the Distribution Committee of the Foundation, who ensures that all distributions meet the regulations of the Internal Revenue Code and are in compliant with the policies and procedures of the Foundation, must review and approve the grant recommendations. I (We) attest that these recommendations do not represent the payment of any legally enforceable pledge or obligation, and that I (we) will not receive any goods, services or non-tax deductible membership benefits.

Signature

Date

Signature

Date

Name and Address of Recipient Organization:

Suggested Amount of Gift:

\$ _____

Special Instructions: _____

