Donor-Advised Recommendation Form

Date: __________________________

To: Board of Trustees
Adirondack Foundation
P.O. Box 288
Lake Placid, NY 12946
(Phone) 518-523-9904
(Fax) 518-523-9905

This is a recommendation for the following grant(s) from the _______________________________ Fund to:

Organization(s), Address Amount Purpose/Program
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

**NOTE: All grants must be $250 or above.**

If the grant is approved by the Board of Trustees, the grantee should be notified that the grant is made
from the _______________________________ Fund at the recommendation of ________________________________.

☐ I prefer this grant to be made without mention of my fund.
and/or
☐ I prefer this grant to be made without mention of my name.

As the donor, I am not making this recommendation as a means of fulfilling a pledge and no tangible
benefits, goods or services of value will be received as a result of the grant.

Donor/Fund Representative Signature ________________________________