



PO BOX 288 · LAKE PLACID, NEW YORK 12946

Grant 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 _____