THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE

3833 Cleghorn Avenue #400 Nashville, Tennessee 37215-2519 (615) 321-4939 (office) (888) 540-5200 (toll-free) (615) 327-2746 (fax)

website: www.cfmt.org email: grants@cfmt.org

Donor Recommendation Form

Date: __

[I/We] recommend distribution(s) from			
to the following organization(s) in the amount(s) listed:	name of fund	name of fund	
Organization, Address, Phone Number & Contact Person	Amount	Special Instructions	
[I/we] acknowledge that the above recommendations do not financial obligation of [mine/ours], and will result in no ben understand that the use of these funds to purchase admiss may make [me/us] personally liable for penalties assessed law 8/17/06.	efits or privileges be sion to an event or t	ing received by anyone. [I/we] also o garner any benefits or privileges	
Authorized Signature	Authorized Signature		
phone	phone		

Should the Foundation have any questions about your recommendation(s), you will be contacted by a member of the staff. A notification letter and check will be sent to the recipient(s) following approval of your request. If you have questions, please contact Laundrea Lewis, Grants Coordinator at <u>LLL@cfmt.org</u> or 615-321-4939 or toll-free 888-540-5200.