DONOR SUGGESTION FORM
COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.

1324 Belmont Ave– Suite 401
Salisbury, MD 21804
Phone: (410) 742-9911 Fax: (410) 742-6638
Email: cfes@cfes.org Web: www.cfes.org

Date:

☐I/we recommend a grant distribution of $0.00 from the _____Fund to the following qualified charitable organization(s) in the amount(s) listed:

Organization (name and address)	**Amount**
Total	$0.00

Please note any special instructions:

☐Check this box if you prefer your grant to be anonymous.

☐I/we recommend a grant of $_____ to the Community Foundation's Administrative Operating Fund.

☐I/we recommend a grant of $_____ to future Lower Shore Fund for Community Needs grants.

I understand that this is a recommendation only and not a direction.
If any benefits or privileges are offered to me in connection with such distributions, I have not and will not accept them.
Signature(s) _____

Phone_____ e-mail address_____

Should the Board of Directors have any questions about your suggestion(s), you will be contacted by the Community Foundation staff. Following approval of your request by the Board of Directors, a letter and check will be sent to the recipient organization(s), and you will be notified accordingly. Thank you for the opportunity to assist you in meeting your charitable goals.

Approved:_____