



THE COMMUNITY FOUNDATION
FOR THE CENTRAL SAVANNAH RIVER AREA

DONOR REQUEST FORM

I/We request that The Community Foundation consider distributions from my/our Fund to the following organization(s). I/We understand that the recommended distribution(s) cannot represent a legally enforceable pledge or obligation, nor can I/we receive any tangible economic benefits. In addition, I/we understand that approval of all distributions is contingent upon the final recommendation of the Board of Directors of The Community Foundation for the CSRA.

Name: _____	Name: _____
Attention: _____	Attention: _____
Address: _____ _____	Address: _____ _____
Amount: _____	Amount: _____
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Name: _____	Name: _____
Attention: _____	Attention: _____
Address: _____ _____	Address: _____ _____
Amount: _____	Amount: _____

Date Requested: _____
Fund Name: _____
Donor Signature: _____
Date Received: _____ By: _____

To expedite your grant request(s), please submit your request(s) before 5 p.m. on the 15th of each month to allow for processing and check preparation. If the 15th of the month falls on a Saturday or Sunday, then the process will commence on the following Monday. Request(s) may be faxed to 706-724-1315, e-mailed to both alisonbostic@cfcsra.org and kellymercier@cfcsra.org or mailed to P.O. Box 31358, Augusta, GA 30903.