

## **Donor Confirmation of Recommendation Relative to Telephone Authorization**

- \_\_\_\_\_ 1. I instruct the Foundation Staff to accept my verbal authorization for any and all grant recommendations from the named fund for which I am an advisor. I certify by my signature below that any such recommendations that I may verbally transmit to Foundation staff do not represent the fulfillment of any pledge nor other financial obligation nor does the undersigned expect any goods or services as the result of any recommendation which I may make. I understand that the final approval of these recommendations is at the sole discretion of the governing board of the Parkersburg Area Community Foundation / PACF, Inc. whose charge it is to ensure that all distributions are consistent with the legal purposes of the Community Foundation and in compliance with its Policy for Advised Funds.  
This instruction is to remain in effect from this date forward until such time as I may revoke it in writing.
- \_\_\_\_\_ 2. I do not intend to authorize grants to be made via telephonic instruction.

Date:

Signed:

**RETURN THE SIGNED ORIGINAL COPY OF THIS FORM TO:**

Foundation Central Office  
P O Box 1762  
Parkersburg WV 26102-1762