



The Community Foundation  
for South Central New York

Date Received _____
Date Approved _____
By Whom 1) _____ 2) _____
Date Check(s) Sent _____

**DISTRIBUTION SUGGESTION FORM FOR DONOR ADVISED FUNDS**

To the Community Foundation for South Central New York, Inc.: I suggest the Community Foundation review and approve the following distribution(s) from:

Fund Name: \_\_\_\_\_

**Office Use Only**

check # \_\_\_\_\_  
date \_\_\_\_\_  
FIMS# \_\_\_\_\_  
Guidestar - Charity Ck  
Date: \_\_\_\_\_ Int \_\_\_\_\_

check # \_\_\_\_\_  
date \_\_\_\_\_  
FIMS# \_\_\_\_\_  
Guidestar - Charity Ck  
Date: \_\_\_\_\_ Int \_\_\_\_\_

check # \_\_\_\_\_  
date \_\_\_\_\_  
FIMS# \_\_\_\_\_  
Guidestar - Charity Ck  
Date: \_\_\_\_\_ Int \_\_\_\_\_

check # \_\_\_\_\_  
date \_\_\_\_\_  
FIMS# \_\_\_\_\_  
Guidestar - Charity Ck  
Date: \_\_\_\_\_ Int \_\_\_\_\_

check # \_\_\_\_\_  
date \_\_\_\_\_  
FIMS# \_\_\_\_\_  
Guidestar - Charity Ck  
Date: \_\_\_\_\_ Int \_\_\_\_\_

\*\*\*\*\*

**Fund Status**  
Fund Balance: \_\_\_\_\_  
Available Amount: \_\_\_\_\_  
Date \_\_\_\_\_ Int \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_ Anonymous Grant? yes  no

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_ Anonymous Grant? yes  no

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_ Anonymous Grant? yes  no

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_ Anonymous Grant? yes  no

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_ Anonymous Grant? yes  no

I understand that the final determination rests in the hands of the Community Foundation whose charge it is to see that all distributions are within the purposes of the Community Foundation for South Central New York. ***By signing this, I attest that none of the above recommendations are in payment of a personal pledge, that I have received no benefit from the recipients of these grants and that none of these grants will be made to individuals.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DISTRIBUTION SUGGESTION FORM FOR DONOR ADVISED FUNDS Pg. 2**

Fund Name: \_\_\_\_\_

**Office Use Only**

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_ Anonymous Grant? yes  no

check #  
date  
FIMS#  
Guidestar - Charity Ck  
Date: \_\_\_\_\_ Int \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_ Anonymous Grant? yes  no

check #  
date  
FIMS#  
Guidestar - Charity Ck  
Date: \_\_\_\_\_ Int \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_ Anonymous Grant? yes  no

check #  
date  
FIMS#  
Guidestar - Charity Ck  
Date: \_\_\_\_\_ Int \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_ Anonymous Grant? yes  no

check #  
date  
FIMS#  
Guidestar - Charity Ck  
Date: \_\_\_\_\_ Int \_\_\_\_\_

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_ Anonymous Grant? yes  no

check #  
date  
FIMS#  
Guidestar - Charity Ck  
Date: \_\_\_\_\_ Int \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_