



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 _____

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: _____