



The Community Foundation
for South Central New York

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

DISTRIBUTION SUGGESTION FORM

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

Name: _____ Amount: _____

Grant #

Address: _____

Check#

Purpose: _____ Anonymous Grant? yes no

Name: _____ Amount: _____

Grant #

Address: _____

Check#

Purpose: _____ Anonymous Grant? yes no

Name: _____ Amount: _____

Grant #

Address: _____

Check#

Purpose: _____ Anonymous Grant? yes no

Name: _____ Amount: _____

Grant #

Address: _____

Check#

Purpose: _____ Anonymous Grant? yes no

Name: _____ Amount: _____

Grant #

Address: _____

Check#

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: _____

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