



FOR SOUTH CENTRAL NEW YORK

520 Columbia Drive, Suite 100  
Johnson City, NY 13790

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

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

Grant #

Check #

Date

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

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

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

Grant #

Check #

Date

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

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

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

Grant #

Check #

Date

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

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

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

Grant #

Check #

Date

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

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

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

Grant #

Check #

Date

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: \_\_\_\_\_