Community Foundation
FOR SOUTH CENTRAL NEW YORK

31 Front St. Binghamton, NY 13905

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: _____
Address: _____
Purpose: _____ Anonymous Grant? yes☐ no☐
Grant #
Check #
Date

Name: _____ Amount: _____
Address: _____
Purpose: _____ Anonymous Grant? yes☐ no☐
Grant #
Check #
Date

Name: _____Amount: _____
Address: _____
Purpose: _____ Anonymous Grant? yes☐ no☐
Grant #
Check #
Date

Name: _____Amount: _____
Address: _____
Purpose: _____ Anonymous Grant? yes☐ no☐
Grant #
Check #
Date

Name: _____Amount: _____
Address: _____
Purpose: _____ Anonymous Grant? yes☐ no☐
Grant #
Check #
Date

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: _____