



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:

Office Use Only

Name: _____ Amount: _____

check #

Address: _____

date

Purpose: _____

Name: _____ Amount: _____

check #

Address: _____

date

Purpose: _____

Name: _____ Amount: _____

check #

Address: _____

date

Purpose: _____

Name: _____ Amount: _____

check #

Address: _____

date

Purpose: _____

Name: _____ Amount: _____

check #

Address: _____

date

Purpose: _____

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

Office Use Only

Name: _____ Amount: _____

check #

Address: _____

date

Purpose: _____

Name: _____ Amount: _____

check #

Address: _____

date

Purpose: _____

Name: _____ Amount: _____

check #

Address: _____

date

Purpose: _____

Name: _____ Amount: _____

check #

Address: _____

date

Purpose: _____

Name: _____ Amount: _____

check #

Address: _____

date

Purpose: _____

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Signature: _____

Date: _____