



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 the

_____ 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 certify that none of the above recommendations is in payment of a personal pledge.*

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: _____

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 certify that none of the above recommendations is in payment of a personal pledge.***

Signature: _____

Date: _____