

DONOR SUGGESTION FORM

Fund ID: _____ Fund Name: _____

Phone (Work): _____ Email: _____

I suggest distribution(s) from our Fund to the following organization(s) in the amount(s) listed below.

<p>Please allow a minimum of two weeks for your request to be processed. Providing complete organizational information will speed your requests.</p>	
<p><i>Have you recommended a grant to this organization before?</i></p> <p><input type="checkbox"/> Yes –Complete 1, 4, 5, and 6 <input type="checkbox"/> No – Complete 1 through 6</p>	
1. Organization's Legal Name	
2. Organization's mailing address	
3. Phone	4. Website
5. Amount of grant\$	\$
6. Special instructions or purpose (e.g., for operating expenses)	

<p>*** Processing Requests ***</p>	
6. Special instructions or purpose (e.g., for operating expenses)	
<p><input type="checkbox"/> The gift is to remain anonymous to the grant recipient(s).</p> <p><input type="checkbox"/> Forward the check to the organization listed above. NOTE:</p> <p><input type="checkbox"/> I will personally present the check(s). Please mail them to me at the following address:</p>	

I understand that the above suggestion(s), in accordance with IRS regulations covering charitable contributions, will not be used for the following purposes: to fulfill an irrevocable or legally binding pledge or other personal financial obligation made to any institution; to support a political campaign; to purchase raffle tickets; to pay for a membership, dinner, or any other activity that provides a benefit to me, my family, any advisor to the fund or their family, or any businesses that any of us control; to pay for personal expenses incurred by a relative, including tuition; to provide any other substantial private benefit to any individual. I also acknowledge the above suggestion(s) must receive approval of the Community Foundation.

Signature

Date

We will accept the email used to submit this form as your legal signature.