

# Designated and Affiliate Funds Distribution Request Form

TO: Board of Directors  
Jewish Foundation of Greensboro  
5509-C West Friendly Avenue  
Greensboro, NC 27410  
888-305-5614 (Fax)

\_\_\_\_\_, 20\_\_\_\_\_

RE: \_\_\_\_\_  
(Name of Fund - Please Print)

We hereby request that the distribution(s) listed on the reverse of this form be made from the aforementioned fund. Neither the Federation nor the Foundation shall be responsible for the purpose or propriety of any distribution.

\_\_\_\_\_  
(Signature and Title)

\_\_\_\_\_  
(Signature and Title)

Recommendations received will be processed weekly. Checks are distributed shortly thereafter following favorable Board action. Distributions to organizations that have not been previously approved by the Board or are in excess of \$10,000 require additional processing time.

## INSTRUCTIONS

List requested amount(s) for distribution with address(es) on the spaces provided below. If you need additional space, please use another form.

Requests should be for a minimum of \$100 and an even dollar amount.

Print your name and address on the space provided on the reverse side so that we can send you the verification of the distribution(s).

Please have the President of your organization or two other duly authorized officers sign the form.

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RECIPIENT NAME	ADDRESS	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Name: \_\_\_\_\_

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

.....  
**FOR OFFICE USE ONLY**

Fund Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_

Sufficient Funds: Y / N  
Recipients Qualified: Y / N

Consideration Date: \_\_\_\_\_  
Distribution Date: \_\_\_\_\_